

AMENDED IN SENATE AUGUST 19, 2016

AMENDED IN SENATE AUGUST 16, 2016

AMENDED IN SENATE JUNE 16, 2016

AMENDED IN SENATE MAY 25, 2016

AMENDED IN ASSEMBLY MAY 4, 2015

AMENDED IN ASSEMBLY APRIL 15, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 741

Introduced by Assembly Member Williams

February 25, 2015

An act to amend Section 1502 of, and to add Sections 1562.02 and 1562.03 to, the Health and Safety Code, and to amend Sections 5848.5, 11462.01, and 15610.47 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 741, as amended, Williams. Mental health: community care facilities.

(1) Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, as defined, by the State Department of Social Services. Existing law includes within the definition of community care facility a short-term residential treatment center, which is a residential facility licensed by the department and operated by any public agency or private organization that provides short-term, specialized, and intensive

treatment, and 24-hour care and supervision to children. A violation of the act is a misdemeanor.

This bill would authorize a short-term residential treatment center to be operated as a children's crisis residential center, as defined, and would require the department to regulate those programs, as specified. The bill would require the State Department of Health Care Services, in consultation with the County Behavioral Health Directors Association of California and representatives of provider associations, to establish interim Medi-Cal rates for children's crisis residential services, as prescribed. By expanding the types of facilities that are regulated as a community care facility, this bill would expand the scope of an existing crime, thus creating a state-mandated local program.

(2) Existing law establishes the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program, under which counties provide payments to foster care providers on behalf of qualified children in foster care. In order to be eligible for AFDC-FC, existing law requires a child or nonminor dependent to be placed in a specified placement, including, commencing January 1, 2017, a short-term residential treatment center.

Existing law, effective January 1, 2017, authorizes a short-term residential treatment center to have a program that is certified by the State Department of Health Care Services or by a county mental health plan to which the department has delegated certification authority, or a program that is not certified, or both, and requires a short-term residential treatment center to accept for placement children who meet certain criteria, subject to specified requirements.

This bill would authorize a short-term residential treatment center that is operating as a children's crisis residential center to, subject to specified requirements, accept for admission or placement any child, referred by a parent or guardian, or by the representative of a public or private entity that has the right to make these decisions on behalf of a child who is experiencing a mental health crisis and, absent admission to a children's crisis residential center, would otherwise require acceptance by the emergency department of a general hospital, or admission into a psychiatric hospital or the psychiatric inpatient unit of a general hospital.

(3) Existing law establishes the Investment in Mental Health Wellness Act of 2013. Existing law provides that funds appropriated by the Legislature to the California Health Facilities Financing Authority for the purposes of the act be made available to selected counties or counties

acting jointly, except as otherwise provided, and used to provide, among other things, a complete continuum of crisis services for children and youth 21 years of age and under regardless of where they live in the state. The act requires grant awards made by the authority to be used to expand local resources for the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for client assistance and crisis services for children and youth 21 years of age and under in specified areas, including crisis residential treatment as authorized by specified provisions.

This bill would include within these specified areas crisis residential treatment provided at a children's crisis residential center.

(4) This bill would also make nonsubstantive, conforming changes.

(5) *This bill would incorporate additional changes made by SB 524 and AB 1997 that would become operative only if this bill is chaptered last.*

~~(5)~~

(6) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) There is an urgent need to provide more crisis care
4 alternatives to hospitals for children and youth experiencing mental
5 health crises.

6 (b) The problems are especially acute for children and youth
7 who may have to wait for days for a hospital bed and who may be
8 transported, without a parent, to the nearest facility hundreds of
9 miles away.

10 (c) In 2012, the California Hospital Association reported that
11 two-thirds of the people taken to a hospital for a psychiatric
12 emergency did not meet the criteria for that level of care, but the
13 care they needed was not available.

1 (d) The type of care that is needed includes crisis residential
2 treatment for children.

3 (e) This level of care is part of the full continuum of care
4 considered medically necessary for many children with serious
5 emotional disturbances.

6 (f) In 2013, the Legislature enacted the Investment in Mental
7 Health Wellness Act (Senate Bill 82, Chapter 34 of the Statutes
8 of 2013) to provide one-time funding to counties to expand the
9 availability of mental health crisis care services, including
10 short-term crisis residential treatment services. However, there is
11 currently no state licensing category for short-term crisis residential
12 programs for children. As a result, counties wanting to expand
13 local capacity to meet the needs of children and youth for crisis
14 residential treatment services were ineligible for this competitive
15 grant program.

16 (g) In most communities, inpatient crisis treatment is completely
17 unavailable for children and youth, even though it may be
18 medically necessary.

19 (h) Crisis residential care is an essential level of care for the
20 treatment of children and youth with serious emotional disturbances
21 in a mental health crisis, and it often serves as an alternative to
22 hospitalization.

23 (i) It is imperative that California identify a licensing category
24 specifically for mental health crisis residential care that can be
25 utilized for children and youth who are beneficiaries of both public
26 and private health care plans.

27 SEC. 2. Section 1502 of the Health and Safety Code is amended
28 to read:

29 1502. (a) As used in this chapter:

30 (1) "Community care facility" means any facility, place, or
31 building that is maintained and operated to provide nonmedical
32 residential care, day treatment, adult day care, or foster family
33 agency services for children, adults, or children and adults,
34 including, but not limited to, the physically handicapped, mentally
35 impaired, incompetent persons, and abused or neglected children,
36 and includes the following:

37 (A) "Residential facility" means any family home, group care
38 facility, or similar facility determined by the director, for 24-hour
39 nonmedical care of persons in need of personal services,

1 supervision, or assistance essential for sustaining the activities of
2 daily living or for the protection of the individual.

3 (B) “Adult day program” means any community-based facility
4 or program that provides care to persons 18 years of age or older
5 in need of personal services, supervision, or assistance essential
6 for sustaining the activities of daily living or for the protection of
7 these individuals on less than a 24-hour basis.

8 (C) “Therapeutic day services facility” means any facility that
9 provides nonmedical care, counseling, educational or vocational
10 support, or social rehabilitation services on less than a 24-hour
11 basis to persons under 18 years of age who would otherwise be
12 placed in foster care or who are returning to families from foster
13 care. Program standards for these facilities shall be developed by
14 the department, pursuant to Section 1530, in consultation with
15 therapeutic day services and foster care providers.

16 (D) “Foster family agency” means any public agency or private
17 organization engaged in the recruiting, certifying, and training of,
18 and providing professional support to, foster parents, or in finding
19 homes or other places for placement of children for temporary or
20 permanent care who require that level of care. Private foster family
21 agencies shall be organized and operated on a nonprofit basis.

22 (E) “Foster family home” means any residential facility
23 providing 24-hour care for six or fewer foster children that is
24 owned, leased, or rented and is the residence of the foster parent
25 or parents, including their family, in whose care the foster children
26 have been placed. The placement may be by a public or private
27 child placement agency or by a court order, or by voluntary
28 placement by a parent, parents, or guardian. It also means a foster
29 family home described in Section 1505.2.

30 (F) “Small family home” means any residential facility, in the
31 licensee’s family residence, that provides 24-hour care for six or
32 fewer foster children who have mental disorders or developmental
33 or physical disabilities and who require special care and supervision
34 as a result of their disabilities. A small family home may accept
35 children with special health care needs, pursuant to subdivision
36 (a) of Section 17710 of the Welfare and Institutions Code. In
37 addition to placing children with special health care needs, the
38 department may approve placement of children without special
39 health care needs, up to the licensed capacity.

(G) “Social rehabilitation facility” means any residential facility that provides social rehabilitation services for no longer than 18 months in a group setting to adults recovering from mental illness who temporarily need assistance, guidance, or counseling. Program components shall be subject to program standards pursuant to Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code.

(H) “Community treatment facility” means any residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment. Program components shall be subject to program standards developed and enforced by the State Department of Health Care Services pursuant to Section 4094 of the Welfare and Institutions Code.

(I) (i) “Full-service adoption agency” means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(I) Assumes care, custody, and control of a child through relinquishment of the child to the agency or involuntary termination of parental rights to the child.

(II) Assesses the birth parents, prospective adoptive parents, or child.

(III) Places children for adoption.

(IV) Supervises adoptive placements.

(ii) Private full-service adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a full-service adoption agency shall be accredited and in good standing according to Part 96 of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

(J) (i) “Noncustodial adoption agency” means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(I) Assesses the prospective adoptive parents.

(II) Cooperatively matches children freed for adoption, who are under the care, custody, and control of a licensed adoption agency, for adoption, with assessed and approved adoptive applicants.

1 (III) Cooperatively supervises adoptive placements with a
2 full-service adoptive agency, but does not disrupt a placement or
3 remove a child from a placement.

4 (ii) Private noncustodial adoption agencies shall be organized
5 and operated on a nonprofit basis. As a condition of licensure to
6 provide intercountry adoption services, a noncustodial adoption
7 agency shall be accredited and in good standing according to Part
8 96 of Title 22 of the Code of Federal Regulations, or supervised
9 by an accredited primary provider, or acting as an exempted
10 provider, in compliance with Subpart F (commencing with Section
11 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

12 (K) “Transitional shelter care facility” means any group care
13 facility that provides for 24-hour nonmedical care of persons in
14 need of personal services, supervision, or assistance essential for
15 sustaining the activities of daily living or for the protection of the
16 individual. Program components shall be subject to program
17 standards developed by the State Department of Social Services
18 pursuant to Section 1502.3.

19 (L) “Transitional housing placement provider” means an
20 organization licensed by the department pursuant to Section
21 1559.110 and Section 16522.1 of the Welfare and Institutions Code
22 to provide transitional housing to foster children at least 16 years
23 of age and not more than 18 years of age, and nonminor
24 dependents, as defined in subdivision (v) of Section 11400 of the
25 Welfare and Institutions Code, to promote their transition to
26 adulthood. A transitional housing placement provider shall be
27 privately operated and organized on a nonprofit basis.

28 (M) “Group home” means a residential facility that provides
29 24-hour care and supervision to children, delivered at least in part
30 by staff employed by the licensee in a structured environment. The
31 care and supervision provided by a group home shall be
32 nonmedical, except as otherwise permitted by law.

33 (N) “Runaway and homeless youth shelter” means a group home
34 licensed by the department to operate a program pursuant to Section
35 1502.35 to provide voluntary, short-term shelter and personal
36 services to runaway youth or homeless youth, as defined in
37 paragraph (2) of subdivision (a) of Section 1502.35.

38 (O) “Enhanced behavioral supports home” means a facility
39 certified by the State Department of Developmental Services
40 pursuant to Article 3.6 (commencing with Section 4684.80) of

Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services as an adult residential facility or a group home that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home shall have a maximum capacity of four consumers, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(P) “Community crisis home” means a facility certified by the State Department of Developmental Services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services pursuant to Article 9.7 (commencing with Section 1567.80), as an adult residential facility, providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center service, in need of crisis intervention services, and who would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center, Sonoma Developmental Center, an acute general hospital, acute psychiatric hospital, an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5 of the Welfare and Institutions Code, or an out-of-state placement. A community crisis home shall have a maximum capacity of eight consumers, as defined in subdivision (a) of Section 1567.80, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(Q) “Crisis nursery” means a facility licensed by the department to operate a program pursuant to Section 1516 to provide short-term care and supervision for children under six years of age who are voluntarily placed for temporary care by a parent or legal guardian due to a family crisis or stressful situation.

(R) “Short-term residential treatment center” means a residential facility licensed by the department pursuant to Section 1562.01 and operated by any public agency or private organization that provides short-term, specialized, and intensive treatment, and 24-hour care and supervision to children. The care and supervision provided by a short-term residential treatment center shall be

1 nonmedical, except as otherwise permitted by law. A short-term
2 residential treatment center may be operated as a children's crisis
3 residential center.

4 (S) "Children's crisis residential center" means a short-term
5 residential treatment center operated specifically to divert children
6 experiencing a mental health crisis from psychiatric hospitalization.

7 (2) "Department" or "state department" means the State
8 Department of Social Services.

9 (3) "Director" means the Director of Social Services.

10 (b) Nothing in this section shall be construed to prohibit or
11 discourage placement of persons who have mental or physical
12 disabilities into any category of community care facility that meets
13 the needs of the individual placed, if the placement is consistent
14 with the licensing regulations of the department.

15 *SEC. 2.1. Section 1502 of the Health and Safety Code is*
16 *amended to read:*

17 1502. (a) As used in this chapter:

18 ~~(a)~~

19 (1) "Community care facility" means any facility, place, or
20 building that is maintained and operated to provide nonmedical
21 residential care, day treatment, adult day care, or foster family
22 agency services for children, adults, or children and adults,
23 including, but not limited to, the physically handicapped, mentally
24 impaired, incompetent persons, and abused or neglected children,
25 and includes the following:

26 ~~(1)~~

27 (A) "Residential facility" means any family home, group care
28 facility, or similar facility determined by the director, for 24-hour
29 nonmedical care of persons in need of personal services,
30 supervision, or assistance essential for sustaining the activities of
31 daily living or for the protection of the individual.

32 ~~(2)~~

33 (B) "Adult day program" means any community-based facility
34 or program that provides care to persons 18 years of age or older
35 in need of personal services, supervision, or assistance essential
36 for sustaining the activities of daily living or for the protection of
37 these individuals on less than a 24-hour basis.

38 ~~(3)~~

39 (C) "Therapeutic day services facility" means any facility that
40 provides nonmedical care, counseling, educational or vocational

1 support, or social rehabilitation services on less than a 24-hour
2 basis to persons under 18 years of age who would otherwise be
3 placed in foster care or who are returning to families from foster
4 care. Program standards for these facilities shall be developed by
5 the department, pursuant to Section 1530, in consultation with
6 therapeutic day services and foster care providers.

7 ~~(4)~~

8 (D) “Foster family agency” means any public agency or private
9 organization engaged in the recruiting, certifying, and training of,
10 and providing professional support to, foster parents, or in finding
11 homes or other places for placement of children for temporary or
12 permanent care who require that level of care. Private foster family
13 agencies shall be organized and operated on a nonprofit basis.

14 ~~(5)~~

15 (E) “Foster family home” means any residential facility
16 providing 24-hour care for six or fewer foster children that is
17 owned, leased, or rented and is the residence of the foster parent
18 or parents, including their family, in whose care the foster children
19 have been placed. The placement may be by a public or private
20 child placement agency or by a court order, or by voluntary
21 placement by a parent, parents, or guardian. It also means a foster
22 family home described in Section 1505.2.

23 ~~(6)~~

24 (F) “Small family home” means any residential facility, in the
25 licensee’s family residence, that provides 24-hour care for six or
26 fewer foster children who have mental disorders or developmental
27 or physical disabilities and who require special care and supervision
28 as a result of their disabilities. A small family home may accept
29 children with special health care needs, pursuant to subdivision
30 (a) of Section 17710 of the Welfare and Institutions Code. In
31 addition to placing children with special health care needs, the
32 department may approve placement of children without special
33 health care needs, up to the licensed capacity.

34 ~~(7)~~

35 (G) “Social rehabilitation facility” means any residential facility
36 that provides social rehabilitation services for no longer than 18
37 months in a group setting to adults recovering from mental illness
38 who temporarily need assistance, guidance, or counseling. Program
39 components shall be subject to program standards pursuant to

Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code.

(8)

(H) “Community treatment facility” means any residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment. Program components shall be subject to program standards developed and enforced by the State Department of Health Care Services pursuant to Section 4094 of the Welfare and Institutions Code.

~~Nothing in this section shall be construed to prohibit or discourage placement of persons who have mental or physical disabilities into any category of community care facility that meets the needs of the individual placed, if the placement is consistent with the licensing regulations of the department.~~

(9)

(I) (i) “Full-service adoption agency” means any licensed entity engaged in the business of providing adoption services, that does all of the following:

(A)

(I) Assumes care, custody, and control of a child through relinquishment of the child to the agency or involuntary termination of parental rights to the child.

(B)

(II) Assesses the birth parents, prospective adoptive parents, or child.

(C)

(III) Places children for adoption.

(D)

(IV) Supervises adoptive placements.

Private

(ii) *Private* full-service adoption agencies shall be organized and operated on a nonprofit basis. As a condition of licensure to provide intercountry adoption services, a full-service adoption agency shall be accredited and in good standing according to Part 96 of Title 22 of the Code of Federal Regulations, or supervised by an accredited primary provider, or acting as an exempted provider, in compliance with Subpart F (commencing with Section 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

(10)

1 (J) (i) “Noncustodial adoption agency” means any licensed
2 entity engaged in the business of providing adoption services, that
3 does all of the following:

4 ~~(A)~~

5 (I) Assesses the prospective adoptive parents.

6 ~~(B)~~

7 (II) Cooperatively matches children freed for adoption, who are
8 under the care, custody, and control of a licensed adoption agency,
9 for adoption, with assessed and approved adoptive applicants.

10 ~~(C)~~

11 (III) Cooperatively supervises adoptive placements with a
12 full-service adoptive agency, but does not disrupt a placement or
13 remove a child from a placement.

14 **Private**

15 (ii) *Private* noncustodial adoption agencies shall be organized
16 and operated on a nonprofit basis. As a condition of licensure to
17 provide intercountry adoption services, a noncustodial adoption
18 agency shall be accredited and in good standing according to Part
19 96 of Title 22 of the Code of Federal Regulations, or supervised
20 by an accredited primary provider, or acting as an exempted
21 provider, in compliance with Subpart F (commencing with Section
22 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

23 ~~(H)~~

24 (K) “Transitional shelter care facility” means any group care
25 facility that provides for 24-hour nonmedical care of persons in
26 need of personal services, supervision, or assistance essential for
27 sustaining the activities of daily living or for the protection of the
28 individual. Program components shall be subject to program
29 standards developed by the State Department of Social Services
30 pursuant to Section 1502.3.

31 ~~(I2)~~

32 (L) “Transitional housing placement provider” means an
33 organization licensed by the department pursuant to Section
34 1559.110 and Section 16522.1 of the Welfare and Institutions Code
35 to provide transitional housing to foster children at least 16 years
36 of age and not more than 18 years of age, and nonminor
37 dependents, as defined in subdivision (v) of Section 11400 of the
38 Welfare and Institutions Code, to promote their transition to
39 adulthood. A transitional housing placement provider shall be
40 privately operated and organized on a nonprofit basis.

~~(13)~~

(M) “Group home” means a residential facility that provides 24-hour care and supervision to children, delivered at least in part by staff employed by the licensee in a structured environment. The care and supervision provided by a group home shall be nonmedical, except as otherwise permitted by law.

~~(14)~~

(N) “Runaway and homeless youth shelter” means a group home licensed by the department to operate a program pursuant to Section 1502.35 to provide voluntary, ~~short-term~~, *short-term* shelter and personal services to runaway youth or homeless youth, as defined in paragraph (2) of subdivision (a) of Section 1502.35.

~~(15)~~

(O) “Enhanced behavioral supports home” means a facility certified by the State Department of Developmental Services pursuant to Article 3.6 (commencing with Section 4684.80) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services as an adult residential facility or a group home that provides 24-hour nonmedical care to individuals with developmental disabilities who require enhanced behavioral supports, staffing, and supervision in a homelike setting. An enhanced behavioral supports home shall have a maximum capacity of four consumers, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

~~(16)~~

(P) “Community crisis home” means a facility certified by the State Department of Developmental Services pursuant to Article 8 (commencing with Section 4698) of Chapter 6 of Division 4.5 of the Welfare and Institutions Code, and licensed by the State Department of Social Services pursuant to Article 9.7 (commencing with Section 1567.80), as an adult residential facility, providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center service, in need of crisis intervention services, and who would otherwise be at risk of admission to the acute crisis center at Fairview Developmental Center, Sonoma Developmental Center, an acute general hospital, acute psychiatric hospital, an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division

1 5 of the Welfare and Institutions Code, or an out-of-state
2 placement. A community crisis home shall have a maximum
3 capacity of eight consumers, as defined in subdivision (a) of
4 Section 1567.80, shall conform to Section 441.530(a)(1) of Title
5 42 of the Code of Federal Regulations, and shall be eligible for
6 federal Medicaid home- and community-based services funding.

7 ~~(17)~~

8 (Q) “Crisis nursery” means a facility licensed by the department
9 to operate a program pursuant to Section 1516 to provide short-term
10 care and supervision for children under six years of age who are
11 voluntarily placed for temporary care by a parent or legal guardian
12 due to a family crisis or stressful situation.

13 ~~(18)~~

14 (R) “Short-term residential treatment center” means a residential
15 facility licensed by the department pursuant to Section 1562.01
16 and operated by any public agency or private organization that
17 provides short-term, specialized, and intensive treatment, and
18 24-hour care and supervision to children. The care and supervision
19 provided by a short-term residential treatment center shall be
20 nonmedical, except as otherwise permitted by law. *A short-term*
21 *residential treatment center may be operated as a children’s crisis*
22 *residential center.*

23 (S) “*Children’s crisis residential center*” means a short-term
24 *residential treatment center operated specifically to divert children*
25 *experiencing a mental health crisis from psychiatric*
26 *hospitalization.*

27 (T) “*Private alternative boarding school*” means a group home
28 *licensed by the department to operate a program pursuant to*
29 *Section 1502.2 to provide youth with 24-hour residential care and*
30 *supervision, which, in addition to providing educational services*
31 *to youth, provides, or holds itself out as providing,*
32 *behavioral-based services to youth with social, emotional, or*
33 *behavioral issues. The care and supervision provided by a private*
34 *alternative boarding school shall be nonmedical, except as*
35 *otherwise permitted by law.*

36 (U) “*Private alternative outdoor program*” means a group
37 *home licensed by the department to operate a program pursuant*
38 *to Section 1502.21 to provide youth with 24-hour residential care*
39 *and supervision, which provides, or holds itself out as providing,*
40 *behavioral-based services in an outdoor living setting to youth*

1 *with social, emotional, or behavioral issues. The care and*
2 *supervision provided by a private alternative outdoor program*
3 *shall be nonmedical, except as otherwise permitted by law.*

4 ~~(b)~~

5 (2) “Department” or “state department” means the State
6 Department of Social Services.

7 ~~(e)~~

8 (3) “Director” means the Director of Social Services.

9 *(b) Nothing in this section shall be construed to prohibit or*
10 *discourage placement of persons who have mental or physical*
11 *disabilities into any category of community care facility that meets*
12 *the needs of the individual placed, if the placement is consistent*
13 *with the licensing regulations of the department.*

14 SEC. 2.2. Section 1502 of the Health and Safety Code is
15 amended to read:

16 1502. (a) As used in this chapter:

17 ~~(a)~~

18 (1) “Community care facility” means any facility, place, or
19 building that is maintained and operated to provide nonmedical
20 residential care, day treatment, adult day care, or foster family
21 agency services for children, adults, or children and adults,
22 including, but not limited to, the physically handicapped, mentally
23 impaired, incompetent persons, and abused or neglected children,
24 and includes the following:

25 ~~(1)~~

26 (A) “Residential facility” means any family home, group care
27 facility, or similar facility determined by the ~~director, department,~~
28 for 24-hour nonmedical care of persons in need of personal
29 services, supervision, or assistance essential for sustaining the
30 activities of daily living or for the protection of the individual.

31 ~~(2)~~

32 (B) “Adult day program” means any community-based facility
33 or program that provides care to persons 18 years of age or older
34 in need of personal services, supervision, or assistance essential
35 for sustaining the activities of daily living or for the protection of
36 these individuals on less than a 24-hour basis.

37 ~~(3)~~

38 (C) “Therapeutic day services facility” means any facility that
39 provides nonmedical care, counseling, educational or vocational
40 support, or social rehabilitation services on less than a 24-hour

1 basis to persons under 18 years of age who would otherwise be
2 placed in foster care or who are returning to families from foster
3 care. Program standards for these facilities shall be developed by
4 the department, pursuant to Section 1530, in consultation with
5 therapeutic day services and foster care providers.

6 ~~(4)~~

7 (D) “Foster family agency” means any public agency or private
8 ~~organization engaged in the recruiting, certifying, and training of,~~
9 ~~and providing professional support to, foster parents, or in finding~~
10 ~~homes or other places for placement of children for temporary or~~
11 ~~permanent care who require that level of care. Private foster family~~
12 ~~agencies shall be organized and operated on a nonprofit basis.~~
13 *organization, organized and operated on a nonprofit basis,*
14 *engaged in any of the following:*

15 *(i) Recruiting, certifying, approving, and training of, and*
16 *providing professional support to, foster parents and resource*
17 *families.*

18 *(ii) Coordinating with county placing agencies to find homes*
19 *for foster children in need of care.*

20 *(iii) Providing services and supports to licensed or certified*
21 *foster parents, county-approved resource families, and children*
22 *to the extent authorized by state and federal law.*

23 ~~(5)~~

24 (E) “Foster family home” means any residential facility
25 providing 24-hour care for six or fewer foster children that is
26 owned, leased, or rented and is the residence of the foster parent
27 or parents, including their family, in whose care the foster children
28 have been placed. The placement may be by a public or private
29 child placement agency or by a court order, or by voluntary
30 placement by a parent, parents, or guardian. It also means a foster
31 family home described in Section 1505.2.

32 ~~(6)~~

33 (F) “Small family home” means any residential facility, in the
34 licensee’s family residence, that provides 24-hour care for six or
35 fewer foster children who have mental disorders or developmental
36 or physical disabilities and who require special care and supervision
37 as a result of their disabilities. A small family home may accept
38 children with special health care needs, pursuant to subdivision
39 (a) of Section 17710 of the Welfare and Institutions Code. In
40 addition to placing children with special health care needs, the

1 department may approve placement of children without special
2 health care needs, up to the licensed capacity.

3 ~~(7)~~

4 (G) “Social rehabilitation facility” means any residential facility
5 that provides social rehabilitation services for no longer than 18
6 months in a group setting to adults recovering from mental illness
7 who temporarily need assistance, guidance, or counseling. Program
8 components shall be subject to program standards pursuant to
9 Article 1 (commencing with Section 5670) of Chapter 2.5 of Part
10 2 of Division 5 of the Welfare and Institutions Code.

11 ~~(8)~~

12 (H) “Community treatment facility” means any residential
13 facility that provides mental health treatment services to children
14 in a group setting and that has the capacity to provide secure
15 containment. Program components shall be subject to program
16 standards developed and enforced by the State Department of
17 Health Care Services pursuant to Section 4094 of the Welfare and
18 Institutions Code.

19 ~~Nothing in this section shall be construed to prohibit or~~
20 ~~discourage placement of persons who have mental or physical~~
21 ~~disabilities into any category of community care facility that meets~~
22 ~~the needs of the individual placed, if the placement is consistent~~
23 ~~with the licensing regulations of the department.~~

24 ~~(9)~~

25 (I) (i) “Full-service adoption agency” means any licensed entity
26 engaged in the business of providing adoption services, that does
27 all of the following:

28 ~~(A)~~

29 (I) Assumes care, custody, and control of a child through
30 relinquishment of the child to the agency or involuntary termination
31 of parental rights to the child.

32 ~~(B)~~

33 (II) Assesses the birth parents, prospective adoptive parents, or
34 child.

35 ~~(C)~~

36 (III) Places children for adoption.

37 ~~(D)~~

38 (IV) Supervises adoptive placements.

39 (ii) Private full-service adoption agencies shall be organized
40 and operated on a nonprofit basis. As a condition of licensure to

1 provide intercountry adoption services, a full-service adoption
2 agency shall be accredited and in good standing according to Part
3 96 of Title 22 of the Code of Federal Regulations, or supervised
4 by an accredited primary provider, or acting as an exempted
5 provider, in compliance with Subpart F (commencing with Section
6 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

7 ~~(H)~~

8 (J) (i) “Noncustodial adoption agency” means any licensed
9 entity engaged in the business of providing adoption services, that
10 does all of the following:

11 ~~(A)~~

12 (I) Assesses the prospective adoptive parents.

13 ~~(B)~~

14 (II) Cooperatively matches children freed for adoption, who are
15 under the care, custody, and control of a licensed adoption agency,
16 for adoption, with assessed and approved adoptive applicants.

17 ~~(C)~~

18 (III) Cooperatively supervises adoptive placements with a
19 full-service ~~adoptive~~ adoption agency, but does not disrupt a
20 placement or remove a child from a placement.

21 (ii) Private noncustodial adoption agencies shall be organized
22 and operated on a nonprofit basis. As a condition of licensure to
23 provide intercountry adoption services, a noncustodial adoption
24 agency shall be accredited and in good standing according to Part
25 96 of Title 22 of the Code of Federal Regulations, or supervised
26 by an accredited primary provider, or acting as an exempted
27 provider, in compliance with Subpart F (commencing with Section
28 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

29 ~~(H)~~

30 (K) “Transitional shelter care facility” means any group care
31 facility that provides for 24-hour nonmedical care of persons in
32 need of personal services, supervision, or assistance essential for
33 sustaining the activities of daily living or for the protection of the
34 individual. Program components shall be subject to program
35 standards developed by the State Department of Social Services
36 pursuant to Section 1502.3.

37 ~~(I)~~

38 (L) “Transitional housing placement provider” means an
39 organization licensed by the department pursuant to Section
40 1559.110 and Section 16522.1 of the Welfare and Institutions Code

1 to provide transitional housing to foster children at least 16 years
2 of age and not more than 18 years of age, and nonminor
3 dependents, as defined in subdivision (v) of Section 11400 of the
4 Welfare and Institutions Code, to promote their transition to
5 adulthood. A transitional housing placement provider shall be
6 privately operated and organized on a nonprofit basis.

7 ~~(13)~~

8 (M) “Group home” means a residential facility that provides
9 24-hour care and supervision to children, delivered at least in part
10 by staff employed by the licensee in a structured environment. The
11 care and supervision provided by a group home shall be
12 nonmedical, except as otherwise permitted by law.

13 ~~(14)~~

14 (N) “Runaway and homeless youth shelter” means a group home
15 licensed by the department to operate a program pursuant to Section
16 1502.35 to provide voluntary, ~~short-term~~, *short-term* shelter and
17 personal services to runaway youth or homeless youth, as defined
18 in paragraph (2) of subdivision (a) of Section 1502.35.

19 ~~(15)~~

20 (O) “Enhanced behavioral supports home” means a facility
21 certified by the State Department of Developmental Services
22 pursuant to Article 3.6 (commencing with Section 4684.80) of
23 Chapter 6 of Division 4.5 of the Welfare and Institutions Code,
24 and licensed by the State Department of Social Services as an adult
25 residential facility or a group home that provides 24-hour
26 nonmedical care to individuals with developmental disabilities
27 who require enhanced behavioral supports, staffing, and
28 supervision in a homelike setting. An enhanced behavioral supports
29 home shall have a maximum capacity of four consumers, shall
30 conform to Section 441.530(a)(1) of Title 42 of the Code of Federal
31 Regulations, and shall be eligible for federal Medicaid home- and
32 community-based services funding.

33 ~~(16)~~

34 (P) “Community crisis home” means a facility certified by the
35 State Department of Developmental Services pursuant to Article
36 8 (commencing with Section 4698) of Chapter 6 of Division 4.5
37 of the Welfare and Institutions Code, and licensed by the State
38 Department of Social Services pursuant to Article 9.7 (commencing
39 with Section 1567.80), as an adult residential facility, providing
40 24-hour nonmedical care to individuals with developmental

1 disabilities receiving regional center service, in need of crisis
2 intervention services, and who would otherwise be at risk of
3 admission to the acute crisis center at Fairview Developmental
4 Center, Sonoma Developmental Center, an acute general hospital,
5 acute psychiatric hospital, an institution for mental disease, as
6 described in Part 5 (commencing with Section 5900) of Division
7 5 of the Welfare and Institutions Code, or an out-of-state
8 placement. A community crisis home shall have a maximum
9 capacity of eight consumers, as defined in subdivision (a) of
10 Section 1567.80, shall conform to Section 441.530(a)(1) of Title
11 42 of the Code of Federal Regulations, and shall be eligible for
12 federal Medicaid home- and community-based services funding.

13 ~~(17)~~

14 (Q) “Crisis nursery” means a facility licensed by the department
15 to operate a program pursuant to Section 1516 to provide short-term
16 care and supervision for children under six years of age who are
17 voluntarily placed for temporary care by a parent or legal guardian
18 due to a family crisis or stressful situation.

19 ~~(18)~~

20 (R) “Short-term residential ~~treatment center~~” *therapeutic*
21 *program*” means a residential facility *operated by a public agency*
22 *or private organization and* licensed by the department pursuant
23 to Section 1562.01 ~~and operated by any public agency or private~~
24 ~~organization that provides short-term, specialized, and intensive~~
25 ~~treatment, and that provides an integrated program of specialized~~
26 ~~and intensive care and supervision, services and supports,~~
27 ~~treatment, and short-term, 24-hour care and supervision to children.~~
28 The care and supervision provided by a short-term residential
29 ~~treatment center~~ *therapeutic program* shall be nonmedical, except
30 as otherwise permitted by law. *Private short-term residential*
31 *therapeutic programs shall be organized and operated on a*
32 *nonprofit basis. A short-term residential therapeutic program may*
33 *be operated as a children’s crisis residential center.*

34 (S) “Children’s crisis residential center” means a short-term
35 residential therapeutic program operated specifically to divert
36 children experiencing a mental health crisis from psychiatric
37 hospitalization.

38 ~~(b)~~

39 (2) “Department” or “state department” means the State
40 Department of Social Services.

1 ~~(e)~~

2 (3) “Director” means the Director of Social Services.

3 ~~(b) Nothing in this section shall be construed to prohibit or~~
4 ~~discourage placement of persons who have mental or physical~~
5 ~~disabilities into any category of community care facility that meets~~
6 ~~the needs of the individual placed, if the placement is consistent~~
7 ~~with the licensing regulations of the department.~~

8 SEC. 2.3. Section 1502 of the Health and Safety Code is
9 amended to read:

10 1502. (a) As used in this chapter:

11 ~~(a)~~

12 (1) “Community care facility” means any facility, place, or
13 building that is maintained and operated to provide nonmedical
14 residential care, day treatment, adult day care, or foster family
15 agency services for children, adults, or children and adults,
16 including, but not limited to, the physically handicapped, mentally
17 impaired, incompetent persons, and abused or neglected children,
18 and includes the following:

19 ~~(1)~~

20 (A) “Residential facility” means any family home, group care
21 facility, or similar facility determined by the ~~director, department,~~
22 for 24-hour nonmedical care of persons in need of personal
23 services, supervision, or assistance essential for sustaining the
24 activities of daily living or for the protection of the individual.

25 ~~(2)~~

26 (B) “Adult day program” means any community-based facility
27 or program that provides care to persons 18 years of age or older
28 in need of personal services, supervision, or assistance essential
29 for sustaining the activities of daily living or for the protection of
30 these individuals on less than a 24-hour basis.

31 ~~(3)~~

32 (C) “Therapeutic day services facility” means any facility that
33 provides nonmedical care, counseling, educational or vocational
34 support, or social rehabilitation services on less than a 24-hour
35 basis to persons under 18 years of age who would otherwise be
36 placed in foster care or who are returning to families from foster
37 care. Program standards for these facilities shall be developed by
38 the department, pursuant to Section 1530, in consultation with
39 therapeutic day services and foster care providers.

40 ~~(4)~~

(D) “Foster family agency” means any public agency or private organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes or other places for placement of children for temporary or permanent care who require that level of care. Private foster family agencies shall be organized and operated on a nonprofit basis. organization, organized and operated on a nonprofit basis, engaged in any of the following:

(i) Recruiting, certifying, approving, and training of, and providing professional support to, foster parents and resource families.

(ii) Coordinating with county placing agencies to find homes for foster children in need of care.

(iii) Providing services and supports to licensed or certified foster parents, county-approved resource families, and children to the extent authorized by state and federal law.

~~(5)~~

(E) “Foster family home” means any residential facility providing 24-hour care for six or fewer foster children that is owned, leased, or rented and is the residence of the foster parent or parents, including their family, in whose care the foster children have been placed. The placement may be by a public or private child placement agency or by a court order, or by voluntary placement by a parent, parents, or guardian. It also means a foster family home described in Section 1505.2.

~~(6)~~

(F) “Small family home” means any residential facility, in the licensee’s family residence, that provides 24-hour care for six or fewer foster children who have mental disorders or developmental or physical disabilities and who require special care and supervision as a result of their disabilities. A small family home may accept children with special health care needs, pursuant to subdivision (a) of Section 17710 of the Welfare and Institutions Code. In addition to placing children with special health care needs, the department may approve placement of children without special health care needs, up to the licensed capacity.

~~(7)~~

(G) “Social rehabilitation facility” means any residential facility that provides social rehabilitation services for no longer than 18 months in a group setting to adults recovering from mental illness

1 who temporarily need assistance, guidance, or counseling. Program
2 components shall be subject to program standards pursuant to
3 Article 1 (commencing with Section 5670) of Chapter 2.5 of Part
4 2 of Division 5 of the Welfare and Institutions Code.

5 (8)

6 (H) “Community treatment facility” means any residential
7 facility that provides mental health treatment services to children
8 in a group setting and that has the capacity to provide secure
9 containment. Program components shall be subject to program
10 standards developed and enforced by the State Department of
11 Health Care Services pursuant to Section 4094 of the Welfare and
12 Institutions Code.

13 ~~Nothing in this section shall be construed to prohibit or~~
14 ~~discourage placement of persons who have mental or physical~~
15 ~~disabilities into any category of community care facility that meets~~
16 ~~the needs of the individual placed, if the placement is consistent~~
17 ~~with the licensing regulations of the department.~~

18 (9)

19 (I) (i) “Full-service adoption agency” means any licensed entity
20 engaged in the business of providing adoption services, that does
21 all of the following:

22 (A)

23 (I) Assumes care, custody, and control of a child through
24 relinquishment of the child to the agency or involuntary termination
25 of parental rights to the child.

26 (B)

27 (II) Assesses the birth parents, prospective adoptive parents, or
28 child.

29 (C)

30 (III) Places children for adoption.

31 (D)

32 (IV) Supervises adoptive placements.

33 ~~Private~~

34 (ii) *Private* full-service adoption agencies shall be organized
35 and operated on a nonprofit basis. As a condition of licensure to
36 provide intercountry adoption services, a full-service adoption
37 agency shall be accredited and in good standing according to Part
38 96 of Title 22 of the Code of Federal Regulations, or supervised
39 by an accredited primary provider, or acting as an exempted

1 provider, in compliance with Subpart F (commencing with Section
2 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

3 ~~(10)~~

4 (J) (i) “Noncustodial adoption agency” means any licensed
5 entity engaged in the business of providing adoption services, that
6 does all of the following:

7 ~~(A)~~

8 (I) Assesses the prospective adoptive parents.

9 ~~(B)~~

10 (II) Cooperatively matches children freed for adoption, who are
11 under the care, custody, and control of a licensed adoption agency,
12 for adoption, with assessed and approved adoptive applicants.

13 ~~(C)~~

14 (III) Cooperatively supervises ~~adoptive~~ adoption placements
15 with a full-service adoptive agency, but does not disrupt a
16 placement or remove a child from a placement.

17 ~~Private~~

18 (ii) *Private* noncustodial adoption agencies shall be organized
19 and operated on a nonprofit basis. As a condition of licensure to
20 provide intercountry adoption services, a noncustodial adoption
21 agency shall be accredited and in good standing according to Part
22 96 of Title 22 of the Code of Federal Regulations, or supervised
23 by an accredited primary provider, or acting as an exempted
24 provider, in compliance with Subpart F (commencing with Section
25 96.29) of Part 96 of Title 22 of the Code of Federal Regulations.

26 ~~(11)~~

27 (K) “Transitional shelter care facility” means any group care
28 facility that provides for 24-hour nonmedical care of persons in
29 need of personal services, supervision, or assistance essential for
30 sustaining the activities of daily living or for the protection of the
31 individual. Program components shall be subject to program
32 standards developed by the State Department of Social Services
33 pursuant to Section 1502.3.

34 ~~(12)~~

35 (L) “Transitional housing placement provider” means an
36 organization licensed by the department pursuant to Section
37 1559.110 and Section 16522.1 of the Welfare and Institutions Code
38 to provide transitional housing to foster children at least 16 years
39 of age and not more than 18 years of age, and nonminor
40 dependents, as defined in subdivision (v) of Section 11400 of the

1 Welfare and Institutions Code, to promote their transition to
2 adulthood. A transitional housing placement provider shall be
3 privately operated and organized on a nonprofit basis.

4 ~~(13)~~

5 (M) “Group home” means a residential facility that provides
6 24-hour care and supervision to children, delivered at least in part
7 by staff employed by the licensee in a structured environment. The
8 care and supervision provided by a group home shall be
9 nonmedical, except as otherwise permitted by law.

10 ~~(14)~~

11 (N) “Runaway and homeless youth shelter” means a group home
12 licensed by the department to operate a program pursuant to Section
13 1502.35 to provide voluntary, ~~short-term~~, *short-term* shelter and
14 personal services to runaway youth or homeless youth, as defined
15 in paragraph (2) of subdivision (a) of Section 1502.35.

16 ~~(15)~~

17 (O) “Enhanced behavioral supports home” means a facility
18 certified by the State Department of Developmental Services
19 pursuant to Article 3.6 (commencing with Section 4684.80) of
20 Chapter 6 of Division 4.5 of the Welfare and Institutions Code,
21 and licensed by the State Department of Social Services as an adult
22 residential facility or a group home that provides 24-hour
23 nonmedical care to individuals with developmental disabilities
24 who require enhanced behavioral supports, staffing, and
25 supervision in a homelike setting. An enhanced behavioral supports
26 home shall have a maximum capacity of four consumers, shall
27 conform to Section 441.530(a)(1) of Title 42 of the Code of Federal
28 Regulations, and shall be eligible for federal Medicaid home- and
29 community-based services funding.

30 ~~(16)~~

31 (P) “Community crisis home” means a facility certified by the
32 State Department of Developmental Services pursuant to Article
33 8 (commencing with Section 4698) of Chapter 6 of Division 4.5
34 of the Welfare and Institutions Code, and licensed by the State
35 Department of Social Services pursuant to Article 9.7 (commencing
36 with Section 1567.80), as an adult residential facility, providing
37 24-hour nonmedical care to individuals with developmental
38 disabilities receiving regional center service, in need of crisis
39 intervention services, and who would otherwise be at risk of
40 admission to the acute crisis center at Fairview Developmental

Center, Sonoma Developmental Center, an acute general hospital, acute psychiatric hospital, an institution for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5 of the Welfare and Institutions Code, or an out-of-state placement. A community crisis home shall have a maximum capacity of eight consumers, as defined in subdivision (a) of Section 1567.80, shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations, and shall be eligible for federal Medicaid home- and community-based services funding.

(17)

(Q) “Crisis nursery” means a facility licensed by the department to operate a program pursuant to Section 1516 to provide short-term care and supervision for children under six years of age who are voluntarily placed for temporary care by a parent or legal guardian due to a family crisis or stressful situation.

(18)

(R) “Short-term residential ~~treatment center~~” *therapeutic program* means a residential facility *operated by a public agency or private organization and* licensed by the department pursuant to Section 1562.01 ~~and operated by any public agency or private organization that provides short-term, specialized, and intensive treatment, and that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children.~~ The care and supervision provided by a short-term residential ~~treatment center~~ *therapeutic program* shall be nonmedical, except as otherwise permitted by law. *Private short-term residential therapeutic programs shall be organized and operated on a nonprofit basis. A short-term residential therapeutic program may be operated as a children’s crisis residential center.*

(S) “Children’s crisis residential center” means a short-term residential *therapeutic program operated specifically to divert children experiencing a mental health crisis from psychiatric hospitalization.*

(T) “Private alternative boarding school” means a group home licensed by the department to operate a program pursuant to Section 1502.2 to provide youth with 24-hour residential care and supervision, which, in addition to providing educational services to youth, provides, or holds itself out as providing, behavioral-based services to youth with social, emotional, or

1 *behavioral issues. The care and supervision provided by a private*
2 *alternative boarding school shall be nonmedical, except as*
3 *otherwise permitted by law.*

4 (U) *“Private alternative outdoor program” means a group*
5 *home licensed by the department to operate a program pursuant*
6 *to Section 1502.21 to provide youth with 24-hour residential care*
7 *and supervision, which provides, or holds itself out as providing,*
8 *behavioral-based services in an outdoor living setting to youth*
9 *with social, emotional, or behavioral issues. The care and*
10 *supervision provided by a private alternative outdoor program*
11 *shall be nonmedical, except as otherwise permitted by law.*

12 ~~(b)~~

13 (2) *“Department” or “state department” means the State*
14 *Department of Social Services.*

15 ~~(c)~~

16 (3) *“Director” means the Director of Social Services.*

17 (b) *Nothing in this section shall be construed to prohibit or*
18 *discourage placement of persons who have mental or physical*
19 *disabilities into any category of community care facility that meets*
20 *the needs of the individual placed, if the placement is consistent*
21 *with the licensing regulations of the department.*

22 SEC. 3. Section 1562.02 is added to the Health and Safety
23 Code, to read:

24 1562.02. (a) The department shall establish regulations for
25 short-term residential treatment centers that are operated as
26 children’s crisis residential centers. At a minimum, the regulations
27 shall include all of the following:

28 (1) The children’s crisis residential center shall be used only
29 for diversion from admittance to a psychiatric hospitalization.

30 (2) (A) Length of stay for a single admission to a children’s
31 crisis residential center shall be limited to 10 consecutive days.

32 (B) Notwithstanding subparagraph (A), the length of stay may
33 be extended once for no more than two consecutive 10-day lengths
34 of stay. Before extending the length of stay for a Medi-Cal
35 beneficiary beyond 10 consecutive days, an organization providing
36 children’s crisis residential services shall obtain prior approval
37 from the county mental health plan authorizing those services.

38 (C) A child shall not be admitted to a children’s crisis residential
39 center regulated under this section for more than 20 total days in
40 any six-month period.

(3) Therapeutic programming shall be provided seven days a week, including weekends and holidays, with sufficient professional and paraprofessional staff to maintain an appropriate treatment setting and services, based on individual children's needs.

(4) The program shall be staffed with sufficient personnel to accept children 24 hours per day, seven days a week and to admit children, at a minimum, from 7 a.m. to 11 p.m., seven days a week, 365 days per year. The program shall be sufficiently staffed to discharge children, as appropriate, seven days a week, 365 days per year.

(5) Facilities shall be limited to fewer than 16 beds, with at least 50 percent of those beds in single-occupancy rooms.

(6) Facilities shall include ample physical space for accommodating individuals who provide natural supports to each child and for integrating family members into the day-to-day care of the youth.

(7) The center shall collaborate with each child's mental health team, child and family team, and other formal and natural supports within 24 hours of intake and throughout the course of care and treatment as appropriate.

(b) The center shall annually provide the department with all of the following data as it pertains to children in foster care and children not in foster care in conjunction with its application for licensure renewal:

(1) Age and gender of clients served.

(2) Duration of stay.

(3) Professional classification of staff and contracted staff.

(4) Type of placement the client was discharged to.

SEC. 4. Section 1562.03 is added to the Health and Safety Code, to read:

1562.03. (a) (1) The State Department of Health Care Services shall establish interim Medi-Cal rates as needed that are sufficient to reimburse the costs for children's crisis residential services in excess of any specialty mental health services that would have been otherwise authorized, provided, and invoiced for each eligible Medi-Cal beneficiary receiving children's crisis residential services.

(2) The department shall consult with subject matter experts from the County Behavioral Health Directors Association of California and provider associations to obtain data and background information necessary to ensure sufficiency of the rate.

1 (b) For foster children admitted for children's crisis residential
2 services, programs shall receive payment for board and care
3 equivalent to the rate paid for short-term residential treatment
4 centers.

5 (c) Nothing in this chapter shall prevent a county from providing
6 payment in excess of the short-term residential treatment center
7 rate in order to meet the needs of individual children.

8 SEC. 5. Section 5848.5 of the Welfare and Institutions Code
9 is amended to read:

10 5848.5. (a) The Legislature finds and declares all of the
11 following:

12 (1) California has realigned public community mental health
13 services to counties and it is imperative that sufficient
14 community-based resources be available to meet the mental health
15 needs of eligible individuals.

16 (2) Increasing access to effective outpatient and crisis
17 stabilization services provides an opportunity to reduce costs
18 associated with expensive inpatient and emergency room care and
19 to better meet the needs of individuals with mental health disorders
20 in the least restrictive manner possible.

21 (3) Almost one-fifth of people with mental health disorders visit
22 a hospital emergency room at least once per year. If an adequate
23 array of crisis services is not available, it leaves an individual with
24 little choice but to access an emergency room for assistance and,
25 potentially, an unnecessary inpatient hospitalization.

26 (4) Recent reports have called attention to a continuing problem
27 of inappropriate and unnecessary utilization of hospital emergency
28 rooms in California due to limited community-based services for
29 individuals in psychological distress and acute psychiatric crisis.
30 Hospitals report that 70 percent of people taken to emergency
31 rooms for psychiatric evaluation can be stabilized and transferred
32 to a less intensive level of crisis care. Law enforcement personnel
33 report that their personnel need to stay with people in the
34 emergency room waiting area until a placement is found, and that
35 less intensive levels of care tend not to be available.

36 (5) Comprehensive public and private partnerships at both local
37 and regional levels, including across physical health services,
38 mental health, substance use disorder, law enforcement, social
39 services, and related supports, are necessary to develop and
40 maintain high quality, patient-centered, and cost-effective care for

1 individuals with mental health disorders that facilitates their
2 recovery and leads towards wellness.

3 (6) The recovery of individuals with mental health disorders is
4 important for all levels of government, business, and the local
5 community.

6 (b) This section shall be known, and may be cited, as the
7 Investment in Mental Health Wellness Act of 2013. The objectives
8 of this section are to do all of the following:

9 (1) Expand access to early intervention and treatment services
10 to improve the client experience, achieve recovery and wellness,
11 and reduce costs.

12 (2) Expand the continuum of services to address crisis
13 intervention, crisis stabilization, and crisis residential treatment
14 needs that are wellness, resiliency, and recovery oriented.

15 (3) Add at least 25 mobile crisis support teams and at least 2,000
16 crisis stabilization and crisis residential treatment beds to bolster
17 capacity at the local level to improve access to mental health crisis
18 services and address unmet mental health care needs.

19 (4) Add at least 600 triage personnel to provide intensive case
20 management and linkage to services for individuals with mental
21 health care disorders at various points of access, such as at
22 designated community-based service points, homeless shelters,
23 and clinics.

24 (5) Reduce unnecessary hospitalizations and inpatient days by
25 appropriately utilizing community-based services and improving
26 access to timely assistance.

27 (6) Reduce recidivism and mitigate unnecessary expenditures
28 of local law enforcement.

29 (7) Provide local communities with increased financial resources
30 to leverage additional public and private funding sources to achieve
31 improved networks of care for individuals with mental health
32 disorders.

33 (8) Provide a complete continuum of crisis services for children
34 and youth 21 years of age and under regardless of where they live
35 in the state. The funds included in the 2016 Budget Act for the
36 purpose of developing the continuum of mental health crisis
37 services for children and youth 21 years of age and under shall be
38 for the following objectives:

39 (A) Provide a continuum of crisis services for children and youth
40 21 years of age and under regardless of where they live in the state.

1 (B) Provide for early intervention and treatment services to
2 improve the client experience, achieve recovery and wellness, and
3 reduce costs.

4 (C) Expand the continuum of community-based services to
5 address crisis intervention, crisis stabilization, and crisis residential
6 treatment needs that are wellness-, resiliency-, and
7 recovery-oriented.

8 (D) Add at least 200 mobile crisis support teams.

9 (E) Add at least 120 crisis stabilization services and beds and
10 crisis residential treatment beds to increase capacity at the local
11 level to improve access to mental health crisis services and address
12 unmet mental health care needs.

13 (F) Add triage personnel to provide intensive case management
14 and linkage to services for individuals with mental health care
15 disorders at various points of access, such as at designated
16 community-based service points, homeless shelters, schools, and
17 clinics.

18 (G) Expand family respite care to help families and sustain
19 caregiver health and well-being.

20 (H) Expand family supportive training and related services
21 designed to help families participate in the planning process, access
22 services, and navigate programs.

23 (I) Reduce unnecessary hospitalizations and inpatient days by
24 appropriately utilizing community-based services.

25 (J) Reduce recidivism and mitigate unnecessary expenditures
26 of local law enforcement.

27 (K) Provide local communities with increased financial
28 resources to leverage additional public and private funding sources
29 to achieve improved networks of care for children and youth 21
30 years of age and under with mental health disorders.

31 (c) Through appropriations provided in the annual Budget Act
32 for this purpose, it is the intent of the Legislature to authorize the
33 California Health Facilities Financing Authority, hereafter referred
34 to as the authority, and the Mental Health Services Oversight and
35 Accountability Commission, hereafter referred to as the
36 commission, to administer competitive selection processes as
37 provided in this section for capital capacity and program expansion
38 to increase capacity for mobile crisis support, crisis intervention,
39 crisis stabilization services, crisis residential treatment, and
40 specified personnel resources.

(d) Funds appropriated by the Legislature to the authority for purposes of this section shall be made available to selected counties, or counties acting jointly. The authority may, at its discretion, also give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of a county government directly receiving grant funds.

(1) Grant awards made by the authority shall be used to expand local resources for the development, capital, equipment acquisition, and applicable program startup or expansion costs to increase capacity for client assistance and services in the following areas:

(A) Crisis intervention, as authorized by Sections 14021.4, 14680, and 14684.

(B) Crisis stabilization, as authorized by Sections 14021.4, 14680, and 14684.

(C) Crisis residential treatment, as authorized by Sections 14021.4, 14680, and 14684.

(D) Rehabilitative mental health services, as authorized by Sections 14021.4, 14680, and 14684.

(E) Mobile crisis support teams, including personnel and equipment, such as the purchase of vehicles.

(2) The authority shall develop selection criteria to expand local resources, including those described in paragraph (1), and processes for awarding grants after consulting with representatives and interested stakeholders from the mental health community, including, but not limited to, the County Behavioral Health Directors Association of California, service providers, consumer organizations, and other appropriate interests, such as health care providers and law enforcement, as determined by the authority. The authority shall ensure that grants result in cost-effective expansion of the number of community-based crisis resources in regions and communities selected for funding. The authority shall also take into account at least the following criteria and factors when selecting recipients of grants and determining the amount of grant awards:

(A) Description of need, including, at a minimum, a comprehensive description of the project, community need, population to be served, linkage with other public systems of health and mental health care, linkage with local law enforcement, social

1 services, and related assistance, as applicable, and a description
2 of the request for funding.

3 (B) Ability to serve the target population, which includes
4 individuals eligible for Medi-Cal and individuals eligible for county
5 health and mental health services.

6 (C) Geographic areas or regions of the state to be eligible for
7 grant awards, which may include rural, suburban, and urban areas,
8 and may include use of the five regional designations utilized by
9 the County Behavioral Health Directors Association of California.

10 (D) Level of community engagement and commitment to project
11 completion.

12 (E) Financial support that, in addition to a grant that may be
13 awarded by the authority, will be sufficient to complete and operate
14 the project for which the grant from the authority is awarded.

15 (F) Ability to provide additional funding support to the project,
16 including public or private funding, federal tax credits and grants,
17 foundation support, and other collaborative efforts.

18 (G) Memorandum of understanding among project partners, if
19 applicable.

20 (H) Information regarding the legal status of the collaborating
21 partners, if applicable.

22 (I) Ability to measure key outcomes, including improved access
23 to services, health and mental health outcomes, and cost benefit
24 of the project.

25 (3) The authority shall determine maximum grants awards,
26 which shall take into consideration the number of projects awarded
27 to the grantee, as described in paragraph (1), and shall reflect
28 reasonable costs for the project and geographic region. The
29 authority may allocate a grant in increments contingent upon the
30 phases of a project.

31 (4) Funds awarded by the authority pursuant to this section may
32 be used to supplement, but not to supplant, existing financial and
33 resource commitments of the grantee or any other member of a
34 collaborative effort that has been awarded a grant.

35 (5) All projects that are awarded grants by the authority shall
36 be completed within a reasonable period of time, to be determined
37 by the authority. Funds shall not be released by the authority until
38 the applicant demonstrates project readiness to the authority's
39 satisfaction. If the authority determines that a grant recipient has
40 failed to complete the project under the terms specified in awarding

1 the grant, the authority may require remedies, including the return
2 of all or a portion of the grant.

3 (6) A grantee that receives a grant from the authority under this
4 section shall commit to using that capital capacity and program
5 expansion project, such as the mobile crisis team, crisis
6 stabilization unit, or crisis residential treatment program, for the
7 duration of the expected life of the project.

8 (7) The authority may consult with a technical assistance entity,
9 as described in paragraph (5) of subdivision (a) of Section 4061,
10 for purposes of implementing this section.

11 (8) The authority may adopt emergency regulations relating to
12 the grants for the capital capacity and program expansion projects
13 described in this section, including emergency regulations that
14 define eligible costs and determine minimum and maximum grant
15 amounts.

16 (9) The authority shall provide reports to the fiscal and policy
17 committees of the Legislature on or before May 1, 2014, and on
18 or before May 1, 2015, on the progress of implementation, that
19 include, but are not limited to, the following:

20 (A) A description of each project awarded funding.

21 (B) The amount of each grant issued.

22 (C) A description of other sources of funding for each project.

23 (D) The total amount of grants issued.

24 (E) A description of project operation and implementation,
25 including who is being served.

26 (10) A recipient of a grant provided pursuant to paragraph (1)
27 shall adhere to all applicable laws relating to scope of practice,
28 licensure, certification, staffing, and building codes.

29 (e) Of the funds specified in paragraph (8) of subdivision (b),
30 it is the intent of the Legislature to authorize the authority and the
31 commission to administer competitive selection processes as
32 provided in this section for capital capacity and program expansion
33 to increase capacity for mobile crisis support, crisis intervention,
34 crisis stabilization services, crisis residential treatment, family
35 respite care, family supportive training and related services, and
36 triage personnel resources for children and youth 21 years of age
37 and under.

38 (f) Funds appropriated by the Legislature to the authority to
39 address crisis services for children and youth 21 years of age and
40 under for the purposes of this section shall be made available to

1 selected counties or counties acting jointly. The authority may, at
2 its discretion, also give consideration to private nonprofit
3 corporations and public agencies in an area or region of the state
4 if a county, or counties acting jointly, affirmatively support this
5 designation and collaboration in lieu of a county government
6 directly receiving grant funds.

7 (1) Grant awards made by the authority shall be used to expand
8 local resources for the development, capital, equipment acquisition,
9 and applicable program startup or expansion costs to increase
10 capacity for client assistance and crisis services for children and
11 youth 21 years of age and under in the following areas:

12 (A) Crisis intervention, as authorized by Sections 14021.4,
13 14680, and 14684.

14 (B) Crisis stabilization, as authorized by Sections 14021.4,
15 14680, and 14684.

16 (C) Crisis residential treatment, as authorized by Sections
17 14021.4, 14680, and 14684 and as provided at a children's crisis
18 residential center, as defined in Section 1502 of the Health and
19 Safety Code.

20 (D) Mobile crisis support teams, including the purchase of
21 equipment and vehicles.

22 (E) Family respite care.

23 (2) The authority shall develop selection criteria to expand local
24 resources, including those described in paragraph (1), and processes
25 for awarding grants after consulting with representatives and
26 interested stakeholders from the mental health community,
27 including, but not limited to, county mental health directors, service
28 providers, consumer organizations, and other appropriate interests,
29 such as health care providers and law enforcement, as determined
30 by the authority. The authority shall ensure that grants result in
31 cost-effective expansion of the number of community-based crisis
32 resources in regions and communities selected for funding. The
33 authority shall also take into account at least the following criteria
34 and factors when selecting recipients of grants and determining
35 the amount of grant awards:

36 (A) Description of need, including, at a minimum, a
37 comprehensive description of the project, community need,
38 population to be served, linkage with other public systems of health
39 and mental health care, linkage with local law enforcement, social

1 services, and related assistance, as applicable, and a description
2 of the request for funding.

3 (B) Ability to serve the target population, which includes
4 individuals eligible for Medi-Cal and individuals eligible for county
5 health and mental health services.

6 (C) Geographic areas or regions of the state to be eligible for
7 grant awards, which may include rural, suburban, and urban areas,
8 and may include use of the five regional designations utilized by
9 the California Behavioral Health Directors Association.

10 (D) Level of community engagement and commitment to project
11 completion.

12 (E) Financial support that, in addition to a grant that may be
13 awarded by the authority, will be sufficient to complete and operate
14 the project for which the grant from the authority is awarded.

15 (F) Ability to provide additional funding support to the project,
16 including public or private funding, federal tax credits and grants,
17 foundation support, and other collaborative efforts.

18 (G) Memorandum of understanding among project partners, if
19 applicable.

20 (H) Information regarding the legal status of the collaborating
21 partners, if applicable.

22 (I) Ability to measure key outcomes, including utilization of
23 services, health and mental health outcomes, and cost benefit of
24 the project.

25 (3) The authority shall determine maximum grant awards, which
26 shall take into consideration the number of projects awarded to
27 the grantee, as described in paragraph (1), and shall reflect
28 reasonable costs for the project, geographic region, and target ages.
29 The authority may allocate a grant in increments contingent upon
30 the phases of a project.

31 (4) Funds awarded by the authority pursuant to this section may
32 be used to supplement, but not to supplant, existing financial and
33 resource commitments of the grantee or any other member of a
34 collaborative effort that has been awarded a grant.

35 (5) All projects that are awarded grants by the authority shall
36 be completed within a reasonable period of time, to be determined
37 by the authority. Funds shall not be released by the authority until
38 the applicant demonstrates project readiness to the authority's
39 satisfaction. If the authority determines that a grant recipient has
40 failed to complete the project under the terms specified in awarding

1 the grant, the authority may require remedies, including the return
2 of all, or a portion, of the grant.

3 (6) A grantee that receives a grant from the authority under this
4 section shall commit to using that capital capacity and program
5 expansion project, such as the mobile crisis team, crisis
6 stabilization unit, family respite care, or crisis residential treatment
7 program, for the duration of the expected life of the project.

8 (7) The authority may consult with a technical assistance entity,
9 as described in paragraph (5) of subdivision (a) of Section 4061,
10 for the purposes of implementing this section.

11 (8) The authority may adopt emergency regulations relating to
12 the grants for the capital capacity and program expansion projects
13 described in this section, including emergency regulations that
14 define eligible costs and determine minimum and maximum grant
15 amounts.

16 (9) The authority shall provide reports to the fiscal and policy
17 committees of the Legislature on or before January 10, 2018, and
18 annually thereafter, on the progress of implementation, that include,
19 but are not limited to, the following:

20 (A) A description of each project awarded funding.

21 (B) The amount of each grant issued.

22 (C) A description of other sources of funding for each project.

23 (D) The total amount of grants issued.

24 (E) A description of project operation and implementation,
25 including who is being served.

26 (10) A recipient of a grant provided pursuant to paragraph (1)
27 shall adhere to all applicable laws relating to scope of practice,
28 licensure, certification, staffing, and building codes.

29 (g) Funds appropriated by the Legislature to the commission
30 for purposes of this section shall be allocated for triage personnel
31 to provide intensive case management and linkage to services for
32 individuals with mental health disorders at various points of access.
33 These funds shall be made available to selected counties, counties
34 acting jointly, or city mental health departments, as determined
35 by the commission through a selection process. It is the intent of
36 the Legislature for these funds to be allocated in an efficient manner
37 to encourage early intervention and receipt of needed services for
38 individuals with mental health disorders, and to assist in navigating
39 the local service sector to improve efficiencies and the delivery of
40 services.

(1) Triage personnel may provide targeted case management services face to face, by telephone, or by telehealth with the individual in need of assistance or his or her significant support person, and may be provided anywhere in the community. These service activities may include, but are not limited to, the following:

(A) Communication, coordination, and referral.

(B) Monitoring service delivery to ensure the individual accesses and receives services.

(C) Monitoring the individual's progress.

(D) Providing placement service assistance and service plan development.

(2) The commission shall take into account at least the following criteria and factors when selecting recipients and determining the amount of grant awards for triage personnel as follows:

(A) Description of need, including potential gaps in local service connections.

(B) Description of funding request, including personnel and use of peer support.

(C) Description of how triage personnel will be used to facilitate linkage and access to services, including objectives and anticipated outcomes.

(D) Ability to obtain federal Medicaid reimbursement, when applicable.

(E) Ability to administer an effective service program and the degree to which local agencies and service providers will support and collaborate with the triage personnel effort.

(F) Geographic areas or regions of the state to be eligible for grant awards, which shall include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the County Behavioral Health Directors Association of California.

(3) The commission shall determine maximum grant awards, and shall take into consideration the level of need, population to be served, and related criteria, as described in paragraph (2), and shall reflect reasonable costs.

(4) Funds awarded by the commission for purposes of this section may be used to supplement, but not supplant, existing financial and resource commitments of the county, counties acting jointly, or city mental health department that received the grant.

(5) Notwithstanding any other law, a county, counties acting jointly, or city mental health department that receives an award of

1 funds for the purpose of supporting triage personnel pursuant to
2 this subdivision is not required to provide a matching contribution
3 of local funds.

4 (6) Notwithstanding any other law, the commission, without
5 taking any further regulatory action, may implement, interpret, or
6 make specific this section by means of informational letters,
7 bulletins, or similar instructions.

8 (7) The commission shall provide a status report to the fiscal
9 and policy committees of the Legislature on the progress of
10 implementation no later than March 1, 2014.

11 (h) Funds appropriated by the Legislature to the commission
12 pursuant to paragraph (8) of subdivision (b) for the purposes of
13 addressing children's crisis services shall be allocated to support
14 triage personnel and family supportive training and related services.
15 These funds shall be made available to selected counties, counties
16 acting jointly, or city mental health departments, as determined
17 by the commission through a selection process. The commission
18 may, at its discretion, also give consideration to private nonprofit
19 corporations and public agencies in an area or region of the state
20 if a county, or counties acting jointly, affirmatively supports this
21 designation and collaboration in lieu of a county government
22 directly receiving grant funds.

23 (1) These funds may provide for a range of crisis-related services
24 for a child in need of assistance, or his or her parent, guardian, or
25 caregiver. These service activities may include, but are not limited
26 to, the following:

27 (A) Intensive coordination of care and services.

28 (B) Communication, coordination, and referral.

29 (C) Monitoring service delivery to the child or youth.

30 (D) Monitoring the child's progress.

31 (E) Providing placement service assistance and service plan
32 development.

33 (F) Crisis or safety planning.

34 (2) The commission shall take into account at least the following
35 criteria and factors when selecting recipients and determining the
36 amount of grant awards for these funds, as follows:

37 (A) Description of need, including potential gaps in local service
38 connections.

39 (B) Description of funding request, including personnel.

1 (C) Description of how personnel and other services will be
2 used to facilitate linkage and access to services, including
3 objectives and anticipated outcomes.

4 (D) Ability to obtain federal Medicaid reimbursement, when
5 applicable.

6 (E) Ability to provide a matching contribution of local funds.

7 (F) Ability to administer an effective service program and the
8 degree to which local agencies and service providers will support
9 and collaborate with the triage personnel effort.

10 (G) Geographic areas or regions of the state to be eligible for
11 grant awards, which shall include rural, suburban, and urban areas,
12 and may include use of the five regional designations utilized by
13 the County Behavioral Health Directors Association of California.

14 (3) The commission shall determine maximum grant awards,
15 and shall take into consideration the level of need, population to
16 be served, and related criteria, as described in paragraph (2), and
17 shall reflect reasonable costs.

18 (4) Funds awarded by the commission for purposes of this
19 section may be used to supplement, but not supplant, existing
20 financial and resource commitments of the county, counties acting
21 jointly, or a city mental health department that received the grant.

22 (5) Notwithstanding any other law, a county, counties acting
23 jointly, or a city mental health department that receives an award
24 of funds for the purpose of this section is not required to provide
25 a matching contribution of local funds.

26 (6) Notwithstanding any other law, the commission, without
27 taking any further regulatory action, may implement, interpret, or
28 make specific this section by means of informational letters,
29 bulletins, or similar instructions.

30 (7) The commission may waive requirements in this section for
31 counties with a population of 100,000 or less, if the commission
32 determines it is in the best interest of the state and meets the intent
33 of the law.

34 (8) The commission shall provide a status report to the fiscal
35 and policy committees of the Legislature on the progress of
36 implementation no later than January 10, 2018, and annually
37 thereafter.

38 SEC. 6. Section 11462.01 of the Welfare and Institutions Code,
39 as added by Section 75 of Chapter 773 of the Statutes of 2015, is
40 amended to read:

1 11462.01. (a) A short-term residential treatment center, as
2 defined in subdivision (ad) of Section 11400 and subparagraph
3 (R) of paragraph (1) of subdivision (a) of Section 1502 of the
4 Health and Safety Code, may have a program that is certified by
5 the State Department of Health Care Services or by a county mental
6 health plan to which the department has delegated certification
7 authority, pursuant to Section 4096.5, or a program that is not
8 certified, or both. A short-term residential treatment center, except
9 as specified in subdivision (d), shall accept for placement children
10 who meet all of the following criteria, subject to the other
11 requirements of subdivisions (b) and (c):

12 (1) The child does not require inpatient care in a licensed health
13 facility.

14 (2) The child has been assessed as requiring the level of services
15 provided in a short-term residential treatment center in order to
16 maintain the safety and well-being of the child or others due to
17 behaviors, including those resulting from traumas, that render the
18 child or those around the child unsafe or at risk of harm, or that
19 prevent the effective delivery of needed services and supports
20 provided in the child's own home or in other family settings, such
21 as with a relative, guardian, foster family, resource family, or
22 adoptive family.

23 (3) The child meets at least one of the following conditions:

24 (A) The child has been assessed as meeting the medical necessity
25 criteria for Medi-Cal specialty mental health Early and Periodic
26 Screening, Diagnosis, and Treatment Services, as the criteria are
27 described in Section 1830.210 of Title 9 of the California Code of
28 Regulations.

29 (B) The child has been assessed as seriously emotionally
30 disturbed, as described in subdivision (a) of Section 5600.3.

31 (C) The child has been assessed as requiring the level of services
32 provided in order to meet his or her behavioral or therapeutic needs.
33 In appropriate circumstances, this may include any of the
34 following:

35 (i) A commercially sexually exploited child.

36 (ii) A private voluntary placement, if the youth exhibits status
37 offender behavior, the parents or other relatives feel they cannot
38 control the child's behavior, and short-term intervention is needed
39 to transition the child back into the home.

40 (iii) A juvenile sex offender.

1 (iv) A child who is affiliated with, or impacted by, a gang.

2 (b) A short-term residential treatment center program that is
3 certified by the State Department of Health Care Services, or by
4 a county mental health plan to which the department has delegated
5 certification authority, pursuant to Section 4096.5, shall solely
6 accept for placement, and provide access to mental health services
7 to, children who meet the criteria in paragraphs (1) and (2) of
8 subdivision (a), and meet the conditions of subparagraph (A) or
9 (B) of paragraph (3) of subdivision (a), or both of those
10 subparagraphs. Mental health services are provided directly by the
11 certified program.

12 (c) A short-term residential treatment center program that is not
13 certified pursuant to Section 4096.5 shall solely accept for
14 placement in that program a child who meets the criteria in
15 paragraphs (1) and (2) of subdivision (a), and meets the conditions
16 of subparagraph (A), (B), or (C) of paragraph (3) of subdivision
17 (a), or any combination of those subparagraphs. A child who meets
18 the conditions of subparagraphs (A) and (B) of paragraph (3) of
19 subdivision (a) may be accepted for placement, if the interagency
20 placement committee determines that a short-term residential
21 treatment facility that is not certified has a program that meets the
22 specific needs of the child and there is a commonality of needs
23 with the other children in the short-term residential treatment
24 center. In this situation, the short-term residential treatment center
25 shall do either of the following:

26 (1) In the case of a child who is a Medi-Cal beneficiary, arrange
27 for the child to receive specialty mental health services from the
28 county mental health plan.

29 (2) In all other cases, arrange for the child to receive mental
30 health services.

31 (d) A short-term residential treatment center that is operating
32 as a children's crisis residential center, as defined in Section 1502
33 of the Health and Safety Code, and subject to the other
34 requirements of subdivisions (b) and (c), may accept for admission
35 or placement any child, referred by a parent or guardian, or by the
36 representative of a public or private entity, including, but not
37 limited to, the county probation agency or child welfare services
38 agency with responsibility for the placement of a child in foster
39 care, that has the right to make these decisions on behalf of a child
40 who is in mental health crisis and, absent admission to a children's

1 crisis residential center, would otherwise require acceptance by
2 the emergency department of a general hospital, or admission into
3 a psychiatric hospital or the psychiatric inpatient unit of a general
4 hospital.

5 (e) A foster family agency, as defined in subdivision (g) of
6 Section 11400 and subparagraph (D) of paragraph (1) of
7 subdivision (a) of Section 1502 of the Health and Safety Code,
8 may have a program that is certified by the State Department of
9 Health Care Services, or by a county mental health plan to which
10 the department has delegated certification authority, pursuant to
11 Section 1810.435 or 1810.436 of Title 9 of the California Code of
12 Regulations, or a program that is not certified, or both. A program,
13 subject to subdivisions (f) and (g), shall provide access to mental
14 health services to the children. A foster family agency, depending
15 on whether or not it has a certified program, shall provide access
16 to mental health services to children who do not require inpatient
17 care in a licensed health facility and who meet any one or more of
18 the following conditions:

19 (1) A child who has been assessed as meeting the medical
20 necessity criteria for specialty mental health services under the
21 Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment
22 benefit, as the criteria are described in Section 1830.210 of Title
23 9 of the California Code of Regulations.

24 (2) A child who has been assessed as seriously emotionally
25 disturbed, as described in subdivision (a) of Section 5600.3.

26 (3) A child who has been assessed as requiring the level of
27 services to meet his or her behavioral or therapeutic needs.

28 (f) A foster family agency that is certified as a provider pursuant
29 to Section 1810.435 or 1810.436 of Title 9 of the California Code
30 of Regulations by the State Department of Health Care Services,
31 or by a county mental health plan to which the department has
32 delegated certification authority, shall provide access to mental
33 health services directly to children in its program who do not
34 require inpatient care in a licensed health facility and who meet
35 the conditions of paragraph (1) or (2) of subdivision (e).

36 (g) A foster family agency that is not certified as described in
37 subdivision (f) may provide access to mental health services in
38 that program for children who do not require inpatient care in a
39 licensed health facility and who meet the conditions of paragraphs

1 (1) and (2) of subdivision (e). In this situation the foster family
2 agency shall do the following:

3 (1) In the case of a child who is a Medi-Cal beneficiary, have
4 written interagency protocols in place to arrange for specialty
5 mental health services from the county mental health plan or an
6 organizational provider, as defined in Section 1810.231 of Title 9
7 of California Code of Regulations.

8 (2) In all other cases, arrange for the child to receive mental
9 health services.

10 (h) All short-term residential treatment centers and foster family
11 agencies that operate a certified program shall maintain the level
12 of care and services necessary to meet the needs of the children
13 and youth in their care and shall maintain and have in good
14 standing the appropriate mental health certification issued by the
15 State Department of Health Care Services or a county mental health
16 plan to which the department has delegated certification authority,
17 pursuant to Section 4096.5 of this code or Section 1810.435 or
18 1810.436 of Title 9 of the California Code of Regulations.

19 (i) The assessments described in subparagraphs (A) and (B) of
20 paragraph (3) of subdivision (a) and paragraphs (1) and (2) of
21 subdivision (e), shall be made by all of the following, as applicable:

22 (1) An interagency placement committee, as described in Section
23 4096, considering the recommendations from the child and family
24 team, if any are available.

25 (2) A licensed mental health professional as defined in
26 subdivision (g) of Section 4096.

27 (3) For the purposes of this section, an AFDC-FC funded child
28 with an individualized education program developed pursuant to
29 Article 2 (commencing with Section 56320) of Chapter 4 of Part
30 30 of Division 4 of Title 2 of the Education Code that assesses the
31 child as seriously emotionally disturbed, as defined in, and subject
32 to, this section and recommends out-of-home placement at the
33 level of care provided by the provider, shall be deemed to have
34 met the assessment requirement.

35 (4) For the purposes of this section, and only for placement into
36 a foster family agency, an AFDC-FC funded child assessed
37 pursuant to subdivision (b) of Section 706.6 or paragraph (2) of
38 subdivision (c) of Section 16501.1, in consultation with a mental
39 health professional, as defined in subdivision (g) of Section 4096.5,
40 shall be deemed to have met the assessment requirement.

1 (j) The assessments described in subparagraph (C) of paragraph
2 (3) of subdivision (a) and paragraph (3) of subdivision (e) shall be
3 made pursuant to subdivision (b) of Section 706.6 or paragraph
4 (2) of subdivision (c) of Section 16501.1.

5 (k) (1) The provider shall ensure that AFDC-FC funded
6 children, assessed pursuant to subparagraphs (A) and (B) of
7 paragraph (3) of subdivision (a) or paragraphs (1) and (2) of
8 subdivision (e), who are accepted for placement have been
9 approved for placement by an interagency placement committee,
10 as described in Section 4096, except as provided for in paragraphs
11 (3) and (4) of subdivision (i).

12 (2) The approval shall be in writing and shall indicate that the
13 interagency placement committee has determined all of the
14 following:

15 (A) The child meets the medical necessity criteria for Medi-Cal
16 specialty mental health Early and Periodic Screening, Diagnosis,
17 and Treatment services, as the criteria are described in Section
18 1830.210 of Title 9 of the California Code of Regulations.

19 (B) The child is seriously emotionally disturbed, as described
20 in subdivision (a) of Section 5600.3.

21 (C) Subject to Section 1502.4 of the Health and Safety Code,
22 the child needs the level of care provided by the program.

23 (3) (A) Nothing in subdivisions (a) to (j), inclusive, or this
24 subdivision shall prevent an emergency placement of a child or
25 youth into a certified short-term residential treatment center,
26 children's crisis residential center, or foster family agency program
27 prior to the determination by the interagency placement committee,
28 but only if a licensed mental health professional, as defined in
29 subdivision (g) of Section 4096, has made a written determination
30 within 72 hours of the child's or youth's placement, that the child
31 or youth is seriously emotionally disturbed or has made a written
32 determination within 24 hours of the child's or youth's placement
33 in a children's crisis residential center that the child or youth is
34 experiencing a mental health crisis as defined in subdivision (d),
35 and is in need of the care and services provided by the certified
36 short-term residential treatment center, children's crisis residential
37 center, or foster family agency.

38 (i) The interagency placement committee, as appropriate, shall,
39 within 30 days of placement, make the determinations, with

1 recommendations from the child and family team, required by this
2 subdivision.

3 (ii) If it determines the placement is appropriate, the interagency
4 placement committee, with recommendations from the child and
5 family team, shall transmit the approval, in writing, to the county
6 placing agency and the short-term residential treatment center or
7 foster family agency.

8 (iii) If it determines the placement is not appropriate, the
9 interagency placement committee shall respond pursuant to
10 subparagraph (B).

11 (B) If the interagency placement committee determines at any
12 time that the placement is not appropriate, it shall, with
13 recommendations from the child and family team, transmit the
14 disapproval, in writing, to the county placing agency and the
15 short-term residential treatment center or foster family agency,
16 and the child or youth shall be referred to an appropriate placement,
17 as specified in this section.

18 (l) Commencing January 1, 2017, for AFDC-FC funded children
19 or youth, only those children or youth who are approved for
20 placement, as set forth in this section, may be accepted by a
21 short-term residential treatment center or foster family agency.

22 (m) The department shall, through regulation, establish
23 consequences for the failure of a short-term residential treatment
24 center, or a foster family agency, to obtain written approval for
25 placement of an AFDC-FC funded child or youth pursuant to this
26 section.

27 (n) The department shall not establish a rate for a short-term
28 residential treatment center or foster family agency unless the
29 provider submits a recommendation from the host county or the
30 primary placing county that the program is needed and that the
31 provider is willing and capable of operating the program at the
32 level sought. For purposes of this subdivision, “host county,” and
33 “primary placing county,” mean the same as defined in the
34 department’s AFDC-FC ratesetting regulations.

35 (o) Any certified short-term residential treatment center or foster
36 family agency shall be reclassified and paid at the appropriate
37 program rate for which it is qualified if either of the following
38 occurs:

39 (1) (A) It fails to maintain the level of care and services
40 necessary to meet the needs of the children and youth in care, as

1 required by subdivision (a). The determination shall be made
2 consistent with the department's AFDC-FC ratesetting regulations
3 developed pursuant to Sections 11462 and 11463 and shall take
4 into consideration the highest level of care and associated rates
5 for which the program is eligible.

6 (B) In the event of a determination under this paragraph, the
7 short-term residential treatment center or foster family agency may
8 appeal the finding or submit a corrective action plan. The appeal
9 process specified in Section 11466.6 shall be available to a
10 short-term residential treatment center or foster family agency that
11 provides intensive and therapeutic treatment. During any appeal,
12 the short-term residential treatment center or foster family agency
13 that provides intensive and therapeutic treatment shall maintain
14 the appropriate level of care.

15 (2) It fails to maintain a certified mental health treatment
16 program as required by subdivision (h).

17 (p) In addition to any other review required by law, the child
18 and family team as defined in paragraph (4) of subdivision (a) of
19 Section 16501 may periodically review the placement of the child
20 or youth. If the child and family team make a recommendation
21 that the child or youth no longer needs, or is not benefiting from,
22 placement in a short-term residential treatment center or foster
23 family agency, or one of its programs, the team shall transmit the
24 disapproval, in writing, to the county placing agency to consider
25 a more appropriate placement.

26 (q) The department shall develop a process to address
27 placements when, subsequent to the child's or youth's placement,
28 a determination is made by the interagency placement team and
29 shall consider the recommendations of the child and family team,
30 either that the child or youth is not in need of the care and services
31 provided by the certified program. The process shall include, but
32 not be limited to:

33 (1) Notice of the determination in writing to both the county
34 placing agency and the short-term residential treatment center or
35 foster family agency that provides intensive and therapeutic
36 treatment.

37 (2) Notice of the county's plan, and a time frame, for removal
38 of the child or youth in writing to the short-term residential
39 treatment center or foster family agency that provides intensive
40 and therapeutic treatment.

(3) Referral to an appropriate placement.

(4) Actions to be taken if a child or youth is not timely removed from the short-term residential treatment center or foster family agency that provides intensive and therapeutic treatment or placed in an appropriate placement.

(r) (1) Nothing in this section shall prohibit a short-term residential treatment center or foster family agency from accepting private placements of children or youth.

(2) When a referral is not from a public agency and no public funding is involved, there is no requirement for public agency review nor determination of need.

(3) Children and youth subject to paragraphs (1) and (2) shall have been determined to be seriously emotionally disturbed, as described in subdivision (a) of Section 5600.3, and subject to Section 1502.4 of the Health and Safety Code, by a licensed mental health professional, as defined in subdivision (g) of Section 4096.

(s) This section shall become operative on January 1, 2017.

SEC. 6.1. Section 11462.01 of the Welfare and Institutions Code, as added by Section 75 of Chapter 773 of the Statutes of 2015, is amended to read:

11462.01. (a) ~~A short-term residential treatment center, (1) No later than 12 months following the date of initial licensure, a short-term residential therapeutic program, as defined in subdivision (ad) of Section 11400 and paragraph (18) of this code and subparagraph (R) of paragraph (1) of subdivision (a) of Section 1502 of the Health and Safety Code, may have a program that is certified by the State Department of Health Care Services or by a county mental health plan to which the department has delegated certification authority, pursuant to Section 4096.5, or a program that is not certified, or both. A short-term residential treatment center shall accept for placement children who meet all of the following criteria, subject to the other requirements of subdivisions (b) and (c): shall obtain a contract, subject to an agreement on rates and terms and conditions, with a county mental health plan to provide specialty mental health services and demonstrate the ability to meet the therapeutic needs of each child, as identified in any of the following:~~

(A) A mental health assessment.

(B) The child's case plan.

(C) The child's needs and services plan.

1 (D) Other documentation demonstrating the child has a mental
2 health need.

3 (2) A short-term residential therapeutic program shall comply
4 with any other mental health program approvals required by the
5 State Department of Health Care Services or by a county mental
6 health plan to which mental health program approval authority
7 has been delegated.

8 (b) Except as otherwise specified in subdivision (c), a short-term
9 residential therapeutic program may accept for placement a child
10 who meets both of the criteria in paragraphs (1) and (2) and at
11 least one of the conditions in paragraph (3).

12 (1) The child does not require inpatient care in a licensed health
13 facility.

14 (2) The child has been assessed as requiring the level of services
15 provided in a short-term residential ~~treatment center~~ therapeutic
16 program in order to maintain the safety and well-being of the child
17 or others due to behaviors, including those resulting from traumas,
18 that render the child or those around the child unsafe or at risk of
19 harm, or that prevent the effective delivery of needed services and
20 supports provided in the child's own home or in other family
21 settings, such as with a relative, guardian, foster family, resource
22 family, or adoptive family. *The assessment shall ensure the child*
23 *has needs in common with other children or youth in the care of*
24 *the facility, consistent with subdivision (c) of Section 16514.*

25 (3) The child meets at least one of the following conditions:

26 (A) The child has been ~~assessed~~ assessed, pursuant to Section
27 4096, as meeting the medical necessity criteria for Medi-Cal
28 specialty mental health ~~Early and Periodic Screening, Diagnosis,~~
29 ~~and Treatment Services,~~ as the criteria are described in Section
30 services, as provided for in Section 1830.205 or 1830.210 of Title
31 9 of the California Code of Regulations.

32 (B) The child has been ~~assessed~~ assessed, pursuant to Section
33 4096, as seriously emotionally disturbed, as described in
34 subdivision (a) of Section 5600.3.

35 (C) *The child requires emergency placement pursuant to*
36 *paragraph (3) of subdivision (i).*

37 ~~(E)~~

38 (D) The child has been ~~assessed~~ assessed, pursuant to Section
39 4096, as requiring the level of services provided by the short-term
40 residential therapeutic program in order to meet his or her

1 behavioral or therapeutic needs. ~~In appropriate circumstances, this~~
2 ~~may include any of the following:~~

3 (4) *Subject to the requirements of this subdivision, a short-term*
4 *residential therapeutic program may have a specialized program*
5 *to serve a child, including, but not limited to, the following:*

6 (i)

7 (A) A commercially sexually exploited child.

8 (ii)

9 (B) A private voluntary placement, if the youth exhibits status
10 offender behavior, the parents or other relatives feel they cannot
11 control the child's behavior, and short-term intervention is needed
12 to transition the child back into the home.

13 (iii)

14 (C) A juvenile sex offender.

15 (iv)

16 (D) A child who is affiliated with, or impacted by, a gang.

17 ~~(b) A short-term residential treatment center program that is~~
18 ~~certified by the State Department of Health Care Services, or by~~
19 ~~a county mental health plan to which the department has delegated~~
20 ~~certification authority, pursuant to Section 4096.5, shall solely~~
21 ~~accept for placement, and provide access to mental health services~~
22 ~~to, children who meet the criteria in paragraphs (1) and (2) of~~
23 ~~subdivision (a), and meet the conditions of subparagraph (A) or~~
24 ~~(B) of paragraph (3) of subdivision (a), or both of those~~
25 ~~subparagraphs. Mental health services are provided directly by the~~
26 ~~certified program.~~

27 ~~(c) A short-term residential treatment center program that is not~~
28 ~~certified pursuant to Section 4096.5 shall solely accept for~~
29 ~~placement in that program a child who meets the criteria in~~
30 ~~paragraphs (1) and (2) of subdivision (a), and meets the conditions~~
31 ~~of subparagraph (A), (B), or (C) of paragraph (3) of subdivision~~
32 ~~(a), or any combination of those subparagraphs. A child who meets~~
33 ~~the conditions of subparagraphs (A) and (B) of paragraph (3) of~~
34 ~~subdivision (a) may be accepted for placement, if the interagency~~
35 ~~placement committee determines that a short-term residential~~
36 ~~treatment facility that is not certified has a program that meets the~~
37 ~~specific needs of the child and there is a commonality of needs~~
38 ~~with the other children in the short-term residential treatment~~
39 ~~center. In this situation, the short-term residential treatment center~~
40 ~~shall do either of the following:~~

1 ~~(1) In the case of a child who is a Medi-Cal beneficiary, arrange~~
2 ~~for the child to receive specialty mental health services from the~~
3 ~~county mental health plan.~~

4 ~~(2) In all other cases, arrange for the child to receive mental~~
5 ~~health services.~~

6 ~~(d) A foster family agency, as defined in subdivision (g) of~~
7 ~~Section 11400 and paragraph (4) of subdivision (a) of Section 1502~~
8 ~~of the Health and Safety Code, may have a program that is certified~~
9 ~~by the State Department of Health Care Services, or by a county~~
10 ~~mental health plan to which the department has delegated~~
11 ~~certification authority, pursuant to Section 1810.435 or 1810.436~~
12 ~~of Title 9 of the California Code of Regulations, or a program that~~
13 ~~is not certified, or both. A program, subject to subdivisions (e) and~~
14 ~~(f), shall provide access to mental health services to the children.~~
15 ~~A foster family agency, depending on whether or not it has a~~
16 ~~certified program, shall provide access to mental health services~~
17 ~~to children who do not require inpatient care in a licensed health~~
18 ~~facility and who meet any one or more of the following conditions:~~

19 ~~(1) A child who has been assessed as meeting the medical~~
20 ~~necessity criteria for specialty mental health services under the~~
21 ~~Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment~~
22 ~~benefit, as the criteria are described in Section 1830.210 of Title~~
23 ~~9 of the California Code of Regulations.~~

24 ~~(2) A child who has been assessed as seriously emotionally~~
25 ~~disturbed, as described in subdivision (a) of Section 5600.3.~~

26 ~~(3) A child who has been assessed as requiring the level of~~
27 ~~services to meet his or her behavioral or therapeutic needs.~~

28 ~~(c) A short-term residential therapeutic program that is~~
29 ~~operating as a children's crisis residential center, as defined in~~
30 ~~Section 1502 of the Health and Safety Code, may accept for~~
31 ~~admission or placement any child, referred by a parent or~~
32 ~~guardian, or by the representative of a public or private entity,~~
33 ~~including, but not limited to, the county probation agency or child~~
34 ~~welfare services agency with responsibility for the placement of a~~
35 ~~child in foster care, that has the right to make these decisions on~~
36 ~~behalf of a child who is in mental health crisis and, absent~~
37 ~~admission to a children's crisis residential center, would otherwise~~
38 ~~require acceptance by the emergency department of a general~~
39 ~~hospital, or admission into a psychiatric hospital or the psychiatric~~
40 ~~inpatient unit of a general hospital.~~

1 (e)

2 (d) A foster family agency that is certified as a *Medi-Cal*
3 *specialty mental health* provider pursuant to Section 1810.435 ~~or~~
4 ~~1810.436~~ of Title 9 of the California Code of Regulations by the
5 State Department of Health Care Services, or by a county mental
6 health plan to which the department has delegated certification
7 authority, ~~shall provide access to and which has entered into a~~
8 ~~contract with a county mental health plan pursuant to Section~~
9 ~~1810.436 of Title 9 of the California Code of Regulations, shall~~
10 ~~provide, or provide access to, specialty mental health services~~
11 ~~directly to children in its program under its care who do not require~~
12 ~~inpatient care in a licensed health facility and who meet the~~
13 ~~conditions of paragraph (1) or (2) of subdivision (d): medical~~
14 ~~necessity criteria for Medi-Cal specialty mental health services~~
15 ~~provided for in Section 1830.205 or 1830.210 of Title 9 of the~~
16 ~~California Code of Regulations.~~

17 (f)

18 (e) A foster family agency that is not certified as ~~described in~~
19 ~~subdivision (e) may provide access to a Medi-Cal specialty mental~~
20 ~~health provider shall provide access to specialty and nonspecialty~~
21 ~~mental health services in that program for children who do not~~
22 ~~require inpatient care in a licensed health facility and who meet~~
23 ~~the conditions of paragraphs (1) and (2) of subdivision (d): any of~~
24 ~~the conditions in paragraph (3) of subdivision (b).~~ In this situation
25 the foster family agency shall do the following:

26 (1) In the case of a child who is a Medi-Cal beneficiary, ~~have~~
27 ~~written interagency protocols in place to arrange for specialty~~
28 ~~mental health services from the county mental health plan or an~~
29 ~~organizational provider, as defined in Section 1810.231 of Title 9~~
30 ~~of California Code of Regulations. plan.~~

31 (2) In all other cases, arrange for the child to receive mental
32 health services.

33 (g)

34 (f) All short-term residential treatment centers and foster family
35 agencies that operate a certified program *therapeutic programs*
36 shall maintain the level of care and services necessary to meet the
37 needs of the children and youth in their care and shall maintain
38 and have in good standing the appropriate mental health
39 ~~certification~~ *program approval that includes a certification to*
40 *provide Medi-Cal specialty mental health services* issued by the

State Department of Health Care Services or a county mental health plan to which the department has delegated ~~certification~~ *mental health program approval* authority, pursuant to Section 4096.5 of this code or Section 1810.435 or 1810.436 of Title 9 of the California Code of Regulations. *All foster family agencies that are certified as a Medi-Cal specialty mental health provider pursuant to Section 1810.435 of Title 9 of the California Code of Regulations shall maintain the level of care and services necessary to meet the needs of children and youth in their care and shall maintain and have in good standing the Medi-Cal specialty mental health provider certification issued by the State Department of Health Care Services or a county mental health plan to which the department has delegated certification authority.*

~~(h)~~
(g) The assessments described in subparagraphs ~~(A) and (B)~~ (A), (B), (C), and (D) of paragraph (3) of subdivision ~~(a) and paragraphs (1) and (2) of subdivision (d)~~, (b) shall ensure the child's individual behavioral or treatment needs are consistent with, and can be met by, the facility and shall be made by ~~all~~ one of the following, as applicable:

(1) An interagency placement committee, as described in Section 4096, considering the recommendations from the child and family team, if any are available. *If the short-term residential therapeutic program serves children who are placed by county child welfare agencies and children who are placed by probation departments, the interagency placement committee shall also ensure the requirements of subdivision (c) of Section 16514 have been met with respect to commonality of need.*

(2) A licensed mental health professional as defined in subdivision (g) of Section 4096.

(3) For the purposes of this section, an AFDC-FC funded child with an individualized education program developed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code that assesses the child as seriously emotionally disturbed, as defined in, and subject to, this section and recommends out-of-home placement at the level of care provided by the provider, shall be deemed to have met the assessment requirement.

~~(4) For the purposes of this section, and only for placement into a foster family agency, an AFDC-FC funded child assessed~~

1 pursuant to subdivision (b) of Section 706.6 or paragraph (2) of
2 subdivision (c) of Section 16501.1, in consultation with a mental
3 health professional, as defined in subdivision (g) of Section 4096.5;
4 shall be deemed to have met the assessment requirement.

5 (i)

6 (h) The ~~assessments~~ *evaluation* described in subparagraph (C)
7 (A) of paragraph (3) of subdivision (a) and paragraph (3) of
8 subdivision (d) (i) shall be made pursuant to subdivision (b) of
9 Section 706.6 or paragraph (2) of subdivision (c) of Section
10 16501.1.

11 (j)

12 (i) (1) The provider shall ensure that AFDC-FC funded children,
13 assessed pursuant to subparagraphs (A) and (B) of paragraph (3)
14 of subdivision (a) or paragraphs (1) and (2) of subdivision (d); (b),
15 who are accepted for placement have been approved for placement
16 by an interagency placement committee, as described in Section
17 4096, except as provided for in paragraphs (3) and (4) of
18 subdivision (h); (g).

19 (2) The approval shall be in writing and shall indicate that the
20 interagency placement committee has determined ~~all~~ *one* of the
21 following:

22 (A) The child meets the medical necessity criteria for Medi-Cal
23 specialty mental health ~~Early and Periodic Screening, Diagnosis,~~
24 ~~and Treatment services, as the criteria are described in Section~~
25 ~~services, as provided for in Section 1830.205 or 1830.210 of Title~~
26 9 of the California Code of Regulations.

27 (B) The child is seriously emotionally disturbed, as described
28 in subdivision (a) of Section 5600.3.

29 (C) ~~Subject to Section 1502.4 of the Health and Safety Code,~~
30 ~~the child needs the level of care provided by the program.~~

31 (3) (A) Nothing in subdivisions (a) to (i); (h), inclusive, or this
32 subdivision shall prevent an emergency placement of a child or
33 youth into a certified short-term residential ~~treatment center or~~
34 ~~foster family agency therapeutic program or children's crisis~~
35 ~~residential center~~ program prior to the determination by the
36 interagency placement committee, but only if a licensed mental
37 health professional, as defined in subdivision (g) of Section 4096,
38 has made a written determination within 72 hours of the child's
39 or youth's placement, that the child or youth ~~is seriously~~
40 ~~emotionally disturbed~~ *requires the level of services and supervision*

1 *provided by the short-term residential therapeutic program in*
 2 *order to meet his or her behavioral or therapeutic needs, or has*
 3 *made a written determination within 24 hours of the child's or*
 4 *youth's placement in a children's crisis residential center that the*
 5 *child or youth is experiencing a mental health crisis as defined in*
 6 *subdivision (c) and is in need of the care and services provided by*
 7 ~~*the certified short-term residential treatment center or foster family*~~
 8 ~~*agency; children's crisis residential center. If the short-term*~~
 9 *residential therapeutic program serves children placed by county*
 10 *child welfare agencies and children placed by probation*
 11 *departments, the interagency placement committee shall also*
 12 *ensure the requirements of subdivision (c) of Section 16514 have*
 13 *been met with respect to commonality of need.*

14 (i) The interagency placement committee, as appropriate, shall,
 15 within 30 days of placement, make the determinations, with
 16 recommendations from the child and family team, required by this
 17 subdivision.

18 (ii) If it determines the placement is appropriate, the interagency
 19 placement committee, with recommendations from the child and
 20 family team, shall transmit the approval, in writing, to the county
 21 placing agency and the short-term residential ~~treatment center or~~
 22 ~~foster family agency; therapeutic program.~~

23 (iii) If it determines the placement is not appropriate, the
 24 interagency placement committee shall respond pursuant to
 25 subparagraph (B).

26 (B) (i) If the interagency placement committee determines at
 27 any time that the placement is not appropriate, it shall, with
 28 recommendations from the child and family team, transmit the
 29 disapproval, in writing, to the county placing agency and the
 30 short-term residential ~~treatment center or foster family agency,~~
 31 ~~and therapeutic program and shall include a recommendation as~~
 32 ~~to the child's appropriate level of care and placement to meet his~~
 33 ~~or her service needs. The necessary interagency placement~~
 34 ~~committee representative or representatives shall participate in~~
 35 ~~any child and family team meetings to refer the child or youth shall~~
 36 ~~be referred to an appropriate placement, as specified in this section.~~

37 (ii) *The child may remain in the placement for the amount of*
 38 *time necessary to identify and transition the child to an alternative,*
 39 *suitable placement.*

(iii) Notwithstanding clause (ii), if the interagency placement committee determined the placement was not appropriate due to a health and safety concern, immediate arrangements for the child to transition to an appropriate placement shall occur.

~~(k)~~

(j) Commencing January 1, 2017, for AFDC-FC funded children or youth, only those children or youth who are approved for placement, as set forth in this section, may be accepted by a short-term residential ~~treatment center or foster family agency~~ therapeutic program.

~~(l)~~

(k) The department shall, through regulation, establish consequences for the failure of a short-term residential ~~treatment center, or a foster family agency~~ therapeutic program to obtain written approval for placement of an AFDC-FC funded child or youth pursuant to this section.

~~(m)~~

(l) The department shall not establish a rate for a short-term residential ~~treatment center or foster family agency~~ therapeutic program unless the provider submits a recommendation from the host county or the primary placing county that the program is needed and that the provider is willing and capable of operating the program at the level sought. For purposes of this subdivision, “host county,” and “primary placing county,” mean the same as defined in the department’s AFDC-FC ratesetting regulations.

~~(n)~~

(m) Any certified short-term residential ~~treatment center or foster family agency~~ therapeutic program shall be reclassified and paid at the appropriate program rate for which it is qualified if either of the following occurs:

(1) (A) It fails to maintain the level of care and services necessary to meet the needs of the children and youth in care, as required by subdivision (a). The determination shall be made consistent with the department’s AFDC-FC ratesetting regulations developed pursuant to ~~Sections 11462 and 11463~~ Section 11462 and shall take into consideration the highest level of care and associated rates for which the program is eligible. *may be eligible if granted an extension pursuant to Section 11462.04 or any reduction in rate associated with a provisional or probationary rate granted or imposed under Section 11466.01.*

(B) In the event of a determination under this paragraph, the short-term residential ~~treatment center or foster family agency~~ *therapeutic program* may appeal the finding or submit a corrective action plan. The appeal process specified in Section 11466.6 shall be available to a short-term residential ~~treatment center or foster family agency~~ *therapeutic program* that provides intensive and therapeutic treatment. During any appeal, the short-term residential ~~treatment center or foster family agency~~ *therapeutic program* that provides intensive and therapeutic treatment shall maintain the appropriate level of care.

(2) It fails to maintain a certified mental health treatment program as required by subdivision ~~(g)~~ *(f)*.

~~(e)~~

(n) In addition to any other review required by law, the child and family team as defined in paragraph (4) of subdivision (a) of Section 16501 may periodically review the placement of the child or youth. If the child and family team make a recommendation that the child or youth no longer needs, or is not benefiting from, placement in a short-term residential ~~treatment center or foster family agency, or one of its programs,~~ *therapeutic program* the team shall transmit the disapproval, in writing, to the county placing agency to consider a more appropriate placement.

~~(p)~~

(o) The department shall develop a process to address placements when, subsequent to the child's or youth's placement, a determination is made by the interagency placement team and shall consider the recommendations of the child and family team, either that the child or youth is not in need of the care and services provided by the certified program. The process shall include, but not be limited to:

(1) Notice of the determination in writing to both the county placing agency and the short-term residential ~~treatment center~~ *therapeutic program* or foster family agency that provides intensive and therapeutic treatment.

(2) Notice of the county's plan, and a time frame, for removal of the child or youth in writing to the short-term residential ~~treatment center or foster family agency~~ *therapeutic program* that provides intensive and therapeutic treatment.

(3) Referral to an appropriate placement.

(4) Actions to be taken if a child or youth is not timely removed from the short-term residential ~~treatment center or foster family agency~~ *therapeutic program* that provides intensive and therapeutic treatment or placed in an appropriate placement.

~~(q)~~
(p) (1) Nothing in this section shall prohibit a short-term residential ~~treatment center or foster family agency~~ *therapeutic program* from accepting private placements of children or youth.

(2) When a referral is not from a public agency and no public funding is involved, there is no requirement for public agency review ~~nor~~ or determination of need.

(3) Children and youth subject to paragraphs (1) and (2) shall have been determined to be seriously emotionally disturbed, as described in subdivision (a) of Section 5600.3, and subject to Section 1502.4 of the Health and Safety Code, by a licensed mental health professional, as defined in subdivision (g) of Section 4096.

~~(r) This section shall become operative on January 1, 2017.~~

SEC. 7. Section 15610.47 of the Welfare and Institutions Code is amended to read:

15610.47. “Long-term care facility” means any of the following:

(a) Any long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.

(b) Any community care facility, as defined in subparagraphs (A) and (B) of paragraph (1) of subdivision (a) of Section 1502 of the Health and Safety Code, whether licensed or unlicensed.

(c) Any swing bed in an acute care facility, or any extended care facility.

(d) Any adult day health care facility as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.

(e) Any residential care facility for the elderly as defined in Section 1569.2 of the Health and Safety Code.

SEC. 8. (a) (1) *Section 2.1 of this bill incorporates amendments to Section 1502 of the Health and Safety Code proposed by both this bill and Senate Bill 524. It shall only become operative if (A) both bills are enacted and become effective on or before January 1, 2017, (B) each bill amends Section 1502 of the Health and Safety Code, (C) Assembly Bill 1997 is not enacted or as enacted does not amend that section, and (D) this bill is enacted*

1 *after Senate Bill 524, in which case Sections 2, 2.2, and 2.3 of this*
2 *bill shall not become operative*

3 *(2) Section 2.2 of this bill incorporates amendments to Section*
4 *1502 of the Health and Safety Code proposed by both this bill and*
5 *Assembly Bill 1997. It shall only become operative if (A) both bills*
6 *are enacted and become effective on or before January 1, 2017,*
7 *(B) each bill amends Section 1502 of the Health and Safety Code,*
8 *and (C) Senate Bill 524 is not enacted or as enacted does not*
9 *amend that section, and (D) this bill is enacted after Assembly Bill*
10 *1997, in which case Sections 2, 2.1, and 2.3 of this bill shall not*
11 *become operative.*

12 *(3) Section 2.3 of this bill incorporates amendments to Section*
13 *1502 of the Health and Safety Code proposed by this bill, Senate*
14 *Bill 524, and Assembly Bill 1997. It shall only become operative*
15 *if (A) all three bills are enacted and become effective on or before*
16 *January 1, 2017, (B) all three bills amend Section 1502 of the*
17 *Health and Safety Code, and (C) this bill is enacted after Senate*
18 *Bill 524 and Assembly Bill 1997, in which case Sections 2, 2.1,*
19 *and 2.2 of this bill shall not become operative.*

20 *(b) Section 6.1 of this bill incorporates amendments to Section*
21 *11462.01 of the Welfare and Institutions Code proposed by both*
22 *this bill and Assembly Bill 1997. It shall only become operative if*
23 *(1) both bills are enacted and become effective on or before*
24 *January 1, 2017, (2) each bill amends Section 11462.01 of the*
25 *Welfare and Institutions Code, and (3) this bill is enacted after*
26 *Assembly Bill 1997, in which case Section 6 of this bill shall not*
27 *become operative.*

28 ~~SEC. 8.~~

29 *SEC. 9.* No reimbursement is required by this act pursuant to
30 Section 6 of Article XIII B of the California Constitution because
31 the only costs that may be incurred by a local agency or school
32 district will be incurred because this act creates a new crime or
33 infraction, eliminates a crime or infraction, or changes the penalty
34 for a crime or infraction, within the meaning of Section 17556 of
35 the Government Code, or changes the definition of a crime within
36 the meaning of Section 6 of Article XIII B of the California
37 Constitution.

O